

Texas A&M University-Kingsville
FACULTY CONSULTING AND OUTSIDE PROFESSIONAL EMPLOYMENT
LEAVE REQUEST FORM

() Faculty or Strict Equivalent () Staff Control Number of Original Outside
 Employment/Consulting Form _____

Employee
 Name: _____ Title: _____

System Component: _____

Period of Absence: _____ a.m. _____ a.m.
 p.m. _____ p.m. To: _____
 Time Date Time Date

Class	Section	Hour	Dates Involved	How Arranged For

Official Paid Release Time: () Yes () No

Vacation Leave Time: () Yes () No

Compensatory Time: () Yes () No

Employee Signature: _____ Date: _____

APPROVALS (advance approval required):

 Supervisor/Department Head Date

 Dean Date

 Provost Date