

**REQUEST FOR USE OF FACULTY LAPSE**

Department \_\_\_\_\_

College/School \_\_\_\_\_

Position Number \_\_\_\_\_

Position Budget \_\_\_\_\_

Lapse Amount Requested \_\_\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dean/Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provost Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit the completed form to the Provost Office, AD360, Attn. Dean Franklin