

**GRADUATE ASSISTANT - STIPEND LEAVE REQUEST FORM  
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**

**I.D. # :** \_\_\_\_\_ **Name :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Explanation :** \_\_\_\_\_

<b>Category</b>	<b>Type of Leave</b>	<b>Type Description</b>
A	Administrative Leave	Leave time for training, conferences, seminars, including all mandatory training. Off campus on UMMC business.
P	Parental Leave	Leave provided for the adoption or birth of a child
S	Sick Leave	Leave provided for illness.
V	Vacation Leave	Leave provided for personal time off---vacation.
L	Leave of Absence	This type of leave requires the Dean's signature.

<b># of Days</b>	<b>Leave Type</b>	<b>Start Date</b>	<b>End Date</b>
_____	A	_____	_____
_____	P	_____	_____
_____	S	_____	_____
_____	V	_____	_____
_____	L	_____	_____

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Supervisor/Advisor Signature

\_\_\_\_\_  
Dean, Graduate School