Date

Mark T. Gladwin, MD

*Dean, University of Maryland School of Medicine*

*Vice President for Medical Affairs, University of Maryland, Baltimore*

*John Z. and Akiko K. Bowers Distinguished Professor and Dean*

c/o Office of Academic Administration

14-008 Bressler Research Building

Dear Dr. Gladwin,

Dr./Mr./Ms. [FIRSTNAME LASTNAME], a Post-Doctoral/ Research Fellow in Dr. [Supervisor]’s lab has requested a leave of absence, without pay, from start-date to end-date. The request is made for the following reasons [Describe reasons in a few sentences]

 See Dr./Mr./Ms. Lastname’s written request attached.

 I am supportive of this request and ask for your approval.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[CHAIR/DIRECTOR NAME TYPED HERE]

Cc: Administrator

Approvals(required):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Supervising Principal Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Dean or Designee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Roger J. Ward, EdD, JD, MSL, MPA Date

UMB Provost & Executive Vice President