

Leave Request

Intern Name:

DU ID:

Supervisor Name:

Site:

Graduate School of Professional Psychology
Internship Consortium
2460 S. Vine St
Denver, CO
80208
Phone: 303-871-4737
Fax: 303-871-4220

Leave Type	Start Date	End Date	Days	Number of Hours	Notes
		Total			

Clinical coverage necessary?

Yes No

Staff Covering

Other coverage necessary?

Yes No

Staff Covering

Comments:

Signature:

Authorized By: