



## REACH Instructor Extended Leave Form

### Instructor Information

Instructor Name:

Course(s) Teaching During Leave:

Approximate Dates of Leave:

### Detailed Plan for Coverage

Interim Instructor Name:

Instructor Email:

Phone Number:

Describe the interim instructor's experience, credentials, and the communication place for REACH staff, faculty mentor, and high school administration (attach documentation such as interim's resume and transcripts).

Has this plan to cover the extended leave been communicated with the CEP faculty mentor? Yes \_\_\_\_\_ No \_\_\_\_\_

High School Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

REACH Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please note: This form must be submitted prior to the leave taking place. Once the completed form has been received, Minnesota West will respond with approval, denial, or request for more information.*

Email completed form to: [Kayla.Westra@mnwest.edu](mailto:Kayla.Westra@mnwest.edu)

*For office use only*

☐ Approved

☐ Pending more information

☐ Denied

Minnesota West Signature \_\_\_\_\_ Date \_\_\_\_\_