

Extended Leave Form

Concurrent 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 plan for CEP 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 _____

CEP Instructor Signature _____ Date _____

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

Scan and email completed form to concurrent@minnesota.edu

For office use only

Plan approved Plan Denied Pending more information

M State K12 Dept. Signature _____ Date _____