

**UNION COLLEGE**  
**Course Coverage Plan (CCP)**

This form is for requests and plans to buy-out of teaching time or take leave time (regardless of whether this leave is scheduled) that is related to a grant or fellowship application. It is for Union College records and will be retained by the Grants Office.

**1. General Information (Completed by the Faculty Applicant)**

**a. Faculty Applicant** (Name/Department):

**b. Project Sponsor and Program:**

**c. Proposed Effective Dates:** \_\_\_\_\_ to \_\_\_\_\_

**2. Description of Leave (Completed By Faculty Applicant)**

Provide a description of how the leave relates to any sabbatical or impacts your academic year teaching commitments. If known, please provide which terms and courses will be affected.

**3. Coverage Plan (Completed by Department Chair)**

Provide a description of the department's plans for course coverage during the leave or release time described above.

\_\_\_\_\_  
Faculty Applicant Printed Name      Signature      Date

Jennifer Fredricks

\_\_\_\_\_  
DADP Printed Name      Signature      Date

\_\_\_\_\_  
Dept. Chair Printed Name      Signature      Date