# Department Head Letter Requesting Faculty Leave of Absence

# TEMPLATE

# (please copy and paste text below into your personal letterhead)

[DATE]

[NAME OF DEAN, DEGREE]

Dean of the Faculty of Medicine
Harvard Medical School

Gordon Hall

25 Shattuck Street

Boston, Massachusetts 02115

Dear Dean [NAME],

I am writing to inform you that Dr. [FIRST NAME MI LAST NAME] has requested a one year leave of absence from Harvard Medical School *(or X months)* from [DATE A] to [DATE B].

*(Brief description of Dr. [LAST NAME]’s plans during the leave).*

I can confirm that Dr. [LAST NAME] will not hold any voting academic appointment at a non-affiliated Harvard institution during his/her leave.

Sincerely,

[DEPARTMENT HEAD SIGNATURE]