



Number: SCP 2406.A
Effective: January 1, 1985
Revised: September 1, 2000

FACULTY ABSENCE REQUEST/REPORT

Name _____ Campus _____

Date of Absence: _____
If less than full day, also indicate time.

Section A Planned Absence

1. Reason for Absence _____

2. Class(es) will be covered by:
_____ Colleague _____ Guest Lecturer _____
_____ Division Chair/Campus Director _____ Special Class Assignment
_____ Make-up time

3. Duties to be missed:
_____ Office Hours _____ Registration _____ Advising
_____ Scheduled Meeting (s) _____ Commencement _____ Other

Section B Unplanned Absence

1. Reason for Absence _____

2. Was Division Chairperson notified prior to Absence? _____ Yes _____ No

Employee Signature Date

Supervisor Signature Date