



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