



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