

Faculty Absence Report

Submit report to department chair at least three days prior to absence.

Name: Click or tap here to enter first & last name.

Date(s): From: Click or tap to enter a date.

 To: Click or tap to enter a date.

Type of Absence:

 [ ]  School Related

 [ ]  Non-School Related

Purpose of Absence: Click or tap here to enter text.

In my absence, my classes will be:

 [ ]  Rescheduled

 Click or tap here to enter rescheduling information.

 [ ]  Substitute Instructor

 Click or tap here to enter instructor’s first & last name.

 [ ]  Other

 Click or tap here to enter details.

|  |  |  |  |
| --- | --- | --- | --- |
| Submitted by: | Click or tap here to enter first & last name. |  | Click or tap to enter a date. |
| Approved by: | Click or tap here to enter first & last name. |  | Click or tap to enter a date. |
|  | Department Chair |  |  |

Distribution: Copy to Associate Dean for Academic & Student Affairs