

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.

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| --- | --- | --- | --- |
| 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