

# FACULTY ABSENCE REPORT

Whenever it becomes necessary to be absent from class and/or cancel office hours for professional or University related activities, please fill in the requested information and file this form prior to your absence or office hour cancellation. Be sure to keep a copy of the completed form for your records.

<b>Name</b>		<b>Department</b>	
<b>Date of Filing</b>	<b>Date of Leaving</b>	<b>Date of Return</b>	<b>Hour of Return</b>

List the classes for which provision must be made (indicate class, date, day, hour, and room number).

CLASS	DATE	DAY	HOUR	ROOM

List office hours to be cancelled:

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Indicate the provisions made for class and office hour coverage:

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Check:

- Professional
- Other

- University Related Activities
- Development e.g., recruitment, field trip, etc.)

Detail the reason for the absence and attach supporting documentation:

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Requestor's Signature \_\_\_\_\_ Chairperson's Signature \_\_\_\_\_  
 Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

- Approve    Disapprove    Approve    Disapprove

*Please Note: a copy of this form must be forwarded to the Provost's Office.*