

FACULTY ABSENCE FORM

Please complete the form and process through your Program Director and Unit Head.

Name:

Date(s) of Absence:

Reason for Absence:

Illness

Medical (scheduled)

*Note: anticipated absences (scheduled medical, conference/workshop, vacation) need to be submitted at least **three (3) weeks** in advance. A separate form needs to be turned in for each absence.*

Vacation

Conference/workshop

Conference Start Date:

End Date:

Conference Name:

Conference Location:

Course(s) Affected:

Please state arrangements made to cover class(es) and to notify students:

SIGNATURES REQUIRED:

Faculty Signature

Date

Program Director Signature

Date

Unit Head Signature

Date

Please submit form to the Dean's office electronically. Thank you!