

FACULTY ABSENCE REQUEST/REPORT

TO: Dean of Faculty

From: _____

Date: _____

- I anticipate being absent from my classroom and/or office hour duties as explained below and request authorization.

- I was absent from my classroom and/or office hour duties as explained below.

Date: _____

Class/Office Hour:

Time:

Plans for Coverage:

Reason for Absence:

Faculty Member Signature: _____

Department Chairperson Signature: _____

Approved

Disapproved

Dean of Faculty Signature: _____