

FACULTY ABSENCE REQUEST FORM

Date: _____

Instructor Name: _____

Date(s) of Absence: _____

Purpose of Absence:

- Illness
- Professional Leave Destination: _____
- Consulting Leave Destination: _____
- Personal Leave
- Other: _____

Explain the activity in detail: _____

Explain arrangements made to cover classroom and/or laboratory responsibilities: _____

Instructor Signature: _____ Date: _____

Department Head/Program Director Signature: _____

Accept Deny Date: _____

Dean Signature: _____

Accept Deny Date: _____

This form **MUST** be completed and filed with the Vice President for Academic Affairs **PRIOR TO COMMITMENT** to the leave in all non-health/emergency situations. For health and emergency related absences, this form should be processed the day the instructor returns to work.