

### 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.