



FACULTY ABSENCE FORM

Please complete the appropriate section and process through your Department Chair for signature.
This form is to be submitted to the Dean's office electronically. Thank you!

ABSENCES DUE TO ILLNESS:

Name:

Date(s) of Illness:

Course(s) Affected:

Please state arrangements made to cover class and to notify students:

ANTICIPATED ABSENCES: NEEDS TO BE SUBMITTED AT LEAST *THREE (3) WEEKS IN ADVANCE.* **SEPARATE FORM NEEDS TO BE TURNED IN FOR EACH ABSENCE EVENT**

Name:

Date(s) of Absence:

If absence is for a conference or workshop:

Start Date:

End Date:

Course(s) Affected:

Reason for Absence:

Please state arrangements to be made to cover class and/or notify students:

SIGNATURES REQUIRED:

Faculty Signature

Date

Department Chair Signature

Date