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**Faculty Absence Form**

**Please complete the appropriate section and process through your Dept. Chair for signature.**

**This form is to be submitted to the Dean’s office electronically. Thank you!**

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| ***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:***

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***Faculty Signature Date*  *Department Chair Signature Date***