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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***