FACULTY ABSENCE FORM

Please complete the form and process through your Program Director and Unit Head.

Name:		
Date(s) of Absence:		
Reason for Absence:		
Illness		
Medical (scheduled)	Note: anticipated absences (scheduled medical, conference/workshop, vacation) need to be submitted at least three (3) weeks in advance. A separate form needs to be turned in for each absence.	
Vacation		
Conference/workshop	Conference Start Date:	End Date:
Course(s) Affected:		
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Please state arrangements made to cover class(es) and to notify students:		
SIGNATURES REQUIRED:		
Faculty Signature	Date	
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Program Director Signature	Date	
Unit Head Signature	Date	
Please submit form to the Dean's office electronically. Thank you!		