

## REQUEST/REPORT OF ABSENCE FOR FACULTY

NAME:	PERSONNEL NO:		
DATES OF ABSENCE	:		
Reason (be specific):			
Sick	Duration in days:		
Sick Bereavement	Duration in days:	Relationship:	
Sick Family		Relationship:	
Personal	Duration in days:		
Official Business		*	
Explanation:			
Attendance at profe	essional meeting		
Explanation:		·	
Other:			
Should there not be enough	ugh earned leave to cover the	e above absences, I understand that the tir	me will be
recorded as leave withou	ut pay and the appropriate an	nount deducted from my pay.	
Employee Si	gnature	Date	
Department Chair Na	me (nlease print)	Department Chair Signature	Date
Department Chair Na	ine (piease print)	Department Chair Signature	Date
		Danie Ciamatura	Doto
Dean Name (pl		Dean Signature	Date
rovision for classes:	**********	************	******
iovision for classes.			
Course:		Day/Hour::	
Covered by:			
Course:		Day/Hour:	
Covered by:			
Course:		Day/Hour::	
Covered by:			
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