

**KUTZTOWN UNIVERSITY
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** **Duration in days:** _____ **Relationship:** _____
- Personal** **Duration in days:** _____

Official Business
Explanation: _____

Attendance at professional meeting
Explanation: _____

Other: _____

Should there not be enough earned leave to cover the above absences, I understand that the time will be recorded as leave without pay and the appropriate amount deducted from my pay.

_____ Employee Signature	_____ Date	
_____ Department Chair Name (please print)	_____ Department Chair Signature	_____ Date
_____ Dean Name (please print)	_____ Dean Signature	_____ Date

Provision for classes:

Course: _____ **Day/Hour:** _____ **Using 25% flex for face-to-face course**
Covered by: _____

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Covered by: _____

Course: _____ **Day/Hour:** _____ **Using 25% flex for face-to-face course**
Covered by: _____

Note: Students must receive written notification of any flex modality change to the course schedule.