

Faculty Absence Form

To Be Completed By Absentee

Name: _____

Reason for Absence: Conference/Prof. Meeting _____

Sick _____

Personal Day _____

Dates and Times of Absence: _____

Professional Assignments Missed (Class, Meetings, Office Hours):

Class			Class Cancelled		If class is NOT cancelled, check one of the following: (If substituted, fill out voluntary substitute form)					
Date	Time	Course #	Yes	No	Area Faculty (Name)	Other Faculty (Name)	Guest Speaker	Video / Movie	WebCT / Comp Lab / Library	Other
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
Meetings						Office Hours				
Specify Meeting			Date & Time			Date		Time		

Department may request doctor's verification of absence.

Department Chair Approval: Yes No

Faculty Signature

Department Chair Signature

Date
02/22/05

Date