

**REPORT OF ABSENCE OF FACULTY MEMBER FROM CAMPUS
DUTIES DUE TO PROFESSIONAL/PERSONAL REASONS
(See Faculty Handbook, Section 2.12.3)**

College: Arts & Sciences Business Engineering Pharmacy Law Library

Type of Absence: Professional Faculty Medical Family Medical Other

Name of Faculty Member: _____

Date(s) of Absence: _____

Reason for Absence: _____

Please state what classes will be affected (missed, covered by other faculty members, handled in another fashion) and also how the class materials will be covered (Example: extra class session agreed to by students, faculty colleague covering class, etc.. If a colleague has agreed to take your class, please note the name.):

Date(s)	Time(s)	Class	Materials Covered

What other responsibilities will need to be covered during your absence? (Example: advising of students during advanced registration period, etc.) How will this be done?

Please provide the address and phone number where you can be reached during the period of your absence below:

Address: _____

Phone: _____

Faculty Member Signature: _____ Date: _____

Approved by Department Chair: _____ Date: _____

Approved by Dean: _____ Date: _____

cc: Dean
 Vice President for Academic Affairs