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 Abs	sence: Profes	sional Fac	ulty Medical F	amily Medical	Other	
Name of Fa	culty Member:					
Date(s) of A	bsence:					
Reason for	Absence:					
also how th		will be cover	ed (Example: ex	xtra class sessio	n agreed t	handled in another fashion) and o by students, faculty colleague
Date(s)	Time(s)	С	ass		Materia	als Covered
	responsibilities vegistration period,			g your absence?	(Exampl	e: advising of students during
Please prov	ride the address a	nd phone numb	per where you car	n be reached duri	ng the perio	od of your absence below:
Address: _						
Phone:						
Faculty Member Signature:						Date:
Approved by Department Chair:						
Approved by Dean:						

cc: Dean

Vice President for Academic Affairs