

UMSL Faculty Absence Request Form

Name: _____

Department/Area/Division: _____

Date(s) for which absence is requested _____

Course(s) that are involved _____

Reason for request: _____

- ☐ Illness
- ☐ Medical and Family Leave (with pay)
- ☐ Medical and Family Leave (without pay)
- ☐ Training
- ☐ Jury Duty
- ☐ Military Obligation
- ☐ Professional conference
- ☐ Service to unit, campus, or professional organization
- ☐ Administrative Leave
- ☐ Religious Observance
- ☐ Personal

Explanation for request: _____

Mechanism(s) for accommodating the class absence: _____

Signature _____ Date _____

Approvals

Chair/Coordinator _____ Date _____

Dean _____ Date _____

Copy to the Office of the Vice Chancellor for Academic Affairs.