
Report of Faculty Absence

Name _____

Date(s) of absence _____ Total Hours _____

Type of Absence: Sick Leave (Self) Sick Leave (Family) Bonus Days Paid Unpaid

List classes missed and explain how each was covered*

(Signature of Department Chair)

(Signature of Instructor)

(Signature of Dean of Instruction)

(Date)

*Use other side of form, if necessary.

Rev. 10/02