



Faculty Member _____
 Title _____
 Department _____
 Anticipated Length of Absence _____
 From: _____
 To: _____
 Type and Reason _____

TO BE COMPLETED BY CHAIRPERSON/SUPERVISOR

Day of Week	Classes and/or Duties (Include Course & Section #)	# of Hours	Name of Substitute	Notice of Cancellation	Chairperson/Supervisor Initials

PLEASE FORWARD INITIAL COPY TO HUMAN RESOURCES OFFICE IMMEDIATELY

To Be Completed Upon Absentee's Return to Duties

First Date of Absence: _____
 Date of Return: _____
 Total Day(s) Absent: _____

 Faculty Signature Date

 Chairperson/Supervisor/Designee Signature Date