



FACULTY ABSENCE FORM

This form is to be submitted to the office of the School Dean at least 48 hours before a planned absence. In case of illness or unforeseen cancellation of a class, please submit this form to the office of the School Dean as soon as possible.

Instructor Name: _____

Department: _____

Course Number & Section: _____ Classroom Number: _____ Online: ☐

Course Title: _____

Dates Concerned: _____

Reason for Absence: _____

If this absence involves use of sick days, please check here: ☐ **Date of Hire:** _____

Provisions being made to make up instructional time: _____

- Post Cancellation Notice: YES ☐ NO ☐
 - Professor Contacted Students: YES ☐ NO ☐
 - If none, please indicate who will preside in class: _____
-

Signature Approvals:

Instructor

Date

Associate Dean / Department Chairperson / Program Director

Date

School Dean

Date

***** Please submit the completed form to the office of the School Dean. *****