

College of Education and Health Professions
Absence from Class and/or Other Assigned Tasks

Name _____ Date _____

Date(s) of absence: From _____ To _____

Time of absence: From _____ a.m./p.m. To _____ a.m./p.m. Total Hours _____

Reason for Absence: Conference/Meeting _____ Illness _____ Personal Business _____

Outside Employment* _____ Vacation _____

If conference/meeting, provide name and location: _____

Is extra compensation involved? Yes** _____ No _____

Class(es) Missed _____ Room _____ Time _____

Classes(es) will covered by:

Name(s) _____

Rank/Position _____

Signature _____

Date _____

APPROVAL:

Department Head _____

Date _____

Dean or Designee _____

Date _____

* If outside employment is involved, please complete a *Prior Approval of Outside Employment* Form

** If extra compensation is involved, please complete a *Prior Approval of Outside Employment* Form