

**DEPARTMENT OF GEOSCIENCES
ABSENCE APPROVAL FORM**

NAME:

ABSENCE START DATE:

RETURN DATE:

REASON FOR ABSENCE/TIME WILL BE CHARGED AS:

OUTSTANDING ASSIGNMENTS/ARRANGEMENTS MADE:

ADDRESS, PHONE, FAX, AND/OR E-MAIL WHERE YOU CAN BE REACHED:

APPROVAL:

This absence is hereby approved.

Deborah A. Fahey
Department Manager

NOTE: This form must be received one week prior to requested absence.