

# FACULTY ABSENCE FORM

**NAME:**

**DATES YOU WILL BE AWAY:**

**REASON:**

**ARRANGEMENTS FOR CLASSES AND DUTIES:**

**ADDRESS, PHONE, FAX OR EMAIL WHERE YOU CAN BE REACHED:**

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## APPROVAL

The absence of \_\_\_\_\_ from (beginning date) \_\_\_\_\_

To (ending date) \_\_\_\_\_ is approved.

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**B. B. Ward**  
**Department Chair**