REPORT OF ABSENCE FROM CLASSES AND COVERAGE OF INSTRUCTIONAL RESPONSIBILITIES

NAME _______________________________ DEPARTMENT _______________________________
DATE(S) OF ABSENCE __________________________

IMPORTANT:

Planned absences from class should be requested in advance. Please attach a copy of the Authorization to Travel Form for absences due to professional obligations.

An absence due to illness/family illness must be reported within THREE (3) days of your return and the time must be charged against your sick leave credits (regardless of course coverage method). The absence must be reported on your monthly leave record prior to submitting the form to Payroll. Class material must be made up.

COVERAGE OF CLASSES:

<table>
<thead>
<tr>
<th>Course # &amp; Section</th>
<th>Date(s)</th>
<th>Hour</th>
<th>Substitute Activity</th>
<th># of Previous Absences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(if a makeup class specify date and time)</td>
<td></td>
</tr>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL COMMENTS:

If substitute activity is other than a makeup class, exam, or substitute instructor, please complete the following for each:

1) How is this activity related to course material?

2) How will the substitute activity be included as part of the final course grade?

SIGNATURE: Faculty Member ___________________________ Date ________________

APPROVAL: Department Chair ___________________________ Date ________________

Dean ___________________________ Date ________________

Note: Prior approval of the Department Chair and Dean must be secured before absence except in cases of illness or other emergencies.
Distribution: Dean, Department Chair, Payroll, Faculty Member

REVISED: 05/21/2009