

**FACULTY ABSENCE FROM CLASS FORM**

|  |  |
| --- | --- |
| Faculty Member Name: Click here to enter text. | Phone Contact During Absence:Click here to enter text. |
| Department: Click here to enter text. | Date of Submission by Faculty Member: Click here to enter text. |

This report is required to be filed each time a faculty member is absent from any class, regardless of delivery format, for any reason. The request to be absent from class should be approved by the Academic Department Head a minimum of three (3) days prior to the planned absence or on the day s/he returns from an emergency or other unplanned absence. The faculty member is responsible for providing the Academic Department Head with contact information for the class substitute. The form will then be filed by the Academic Department Head with the Office of Human Resources.

Full-time faculty members have the option of two (2) days of noncumulative discretionary leave each academic year. If a faculty member will miss a class meeting, but is not using a discretionary day, the form should be submitted but the time will not be deducted from the leave count.

Part I:

|  |  |  |
| --- | --- | --- |
| **Date(s) of Absence** | **Reason for Absence** | **Department Head Approval** |
| Click here to enter text. | Discretionary Day? (y/n): Click here to enter text.  Other (please specify details): Click here to enter text. | Signature:  Date: |

Part II: This section does not apply to courses delivered fully online. Faculty members, however, should notify class when not available to meet the schedule outlined in the course syllabus.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course Prefix** | **Course Title** | **Date(s)** | **Time** | **If**  **Canceled** | **If**  **Covered** | **Name and Contact Information**  **of Substitute** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |