

THIS FORM FOR DEPARTMENTAL USE ONLY

NOTICE OF ABSENCE FROM CLASS/CLASS CANCELLATION substitution by a
Classes should be substituted by a substitute teacher or other qualified personnel.
assignments/activities

Please complete the following information and submit this form to the Department Chair as soon as possible before the anticipated absence from class, if absence was due to illness or emergency thereafter as possible)

Name _____

Class _____

Date(s) of Absence _____

Reason for Absence _____

Arrangement for Class(es) Missed (Name of Substitute OR Alternative Assignments/Activities, if applicable):

Signature _____

Date _____

Received by Chair (Signature) _____

Date _____

* This form is not required for use of personal holiday that is taken upon mutual agreement of the faculty member and appropriate administrator. In cases of absence involving University-related travel, this form is not a substitute for the standard travel authorization form.