Absence from Campus Application Form

Please submit to Chair two weeks in advance of absence.

Status:	Faculty
	Contract Academic Staff
Division:	
Date of Application:	
Name:	
Reason for Absence:	
I will be away from:	
To: (inclusive)	
While I am away I can be reached:	
By phone:	
By Email:	

During this period, my teaching responsibilities are:

I have made the following arrangements to cover my responsibilities during this absence:

Chair's Response:

Approved Not Approved

Chair's Signature:

Date:

Distribution: Original to Chair, Copy to Applicant, Copy to Division Coordinator.