FACULTY ABSENCE REPORT

Name: Date(s) of Absence:

Event: Location:

If over night, accommodations: Phone:

PROVISION MADE FOR CLASSES

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| --- | --- | --- |
| Class Meeting Time(Day and Time) | Name of Class | Teaching Arrangements |
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Faculty Signature Chairman Approval

**Note:** The purpose of this report is to insure that the teaching proceeds without interruption and at the proper quality level.

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