

FACULTY ABSENCE REPORT

Name:		Event:	
Location:		Contact Phone:	
Date Leave:		Date Return:	

**PROVISION MADE FOR CLASSES**

Class Meeting Time (Day and Time)	Name of Course	Teaching Arrangements

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

Faculty Signature \_\_\_\_\_ Date

Chair's Signature \_\_\_\_\_ Date