CCOT OUT OF OFFICE FORM

Name: Date:

Out of Office Purpose:

Location:

Date of Departure: Time of Departure:

Date of Return: Time of Return:

PROVISIONS MADE FOR CLASSES See Below ☐ N/A ☐

Date	Class Times	Course Name	Teaching Arrangements

Notes:

Signature Director/Dean Approval Date

NOTE: The purpose of this form is to assure that instructional and administrative responsibilities are properly met. Teaching quality as well as continuity are necessary considerations. Administrative duties need designated to insure faculty and staff needs are met. All out of office requests should be submitted at least one week in advance of the anticipated absences.

Original - Office Copy
Copy - Faculty/Staff/Admin