

REQUEST FOR PERMISSION TO BE ABSENT
(required of absences of more than 5 instructional days)

DATE_____

NAME_____

DEPARTMENT_____

ADDRESS_____

1. DATES OF ABSENCE_____

2. REASON FOR ABSENCE_____

3. ARRANGEMENTS MADE TO COVER RESPONSIBILITIES DURING ABSENCE_____

SIGNATURE_____

CHAIR'S ENDORSEMENT_____

- If you have responsibilities for courses outside your home department, **including in the Gen Ed program**, please obtain additional approval from the appropriate chair or director:

(other) CHAIR'S/DIRECTOR'S ENDORSEMENT_____

Divisional Dean

Date