Short Term Absence Request for Faculty

1. Faculty Name: _____
2. Dates Requested:_____

   Note:_____
3. Travel Location:_____
4. Event Type: □ Meeting □ Lecture □ Conference/Colloquium □ Other

   Event:_____
5. Plan for executing duties while away:

   _____
   _____
   _____
   _____
   _____
6. Proxy/delegate: _____

Faculty Signature:_____ Date: _____

Chair Approval: _____ Date: _____

Note: Absences less than 8 calendar days only require Chair Approval and Absences for 8 days or more require Dean Approval. A Chair's absence of less than 8 calendar days requires the Dean's Approval. Please submit request to the Chair 2-weeks prior to your date request in order to anticipate classes needing attention while you are absent from campus.