

ABSENCE NOTIFICATION FORM

DATE: _____

NAME: _____

DATE(S) to be absent: _____

TELEPHONE NUMBER where you can be reached in case of emergency. _____

WILL YOU BE ABSENT FROM CLASS? Yes ____ No ____

CLASS ARRANGEMENTS:

Class Cancelled _____

**Name of Colleague/
TA covering class** _____

Other _____

Special instructions (e.g., messages, forwarding of mail, information to be given out, etc.)

REASON FOR ABSENCE and NUMBER OF DAYS:

Sick Leave (rounded to half days): _____

Vacation (rounded to half days, **12/mo appt only**) _____

Conference (please include title and location of conference) _____

Research (please include type of research) _____

Field Trip (please fill out the appropriate field trip forms) _____

Funeral (up to 5 days for immediate family) _____

Other _____

