



Record of Absence from Class

Name:

Date:

Date(s) of Absence:

Reason for Absence (e.g. University-sponsored travel, Jury duty, Illness, Family Care Leave):

Empty space for providing the reason for absence.

Classes (to be) Missed			Disposition of Missed Classes
Course	Day(s)	Time(s)	(e.g.) substitute arranged (give name), class rescheduled (state when)

Comments:

Empty space for providing comments.

Faculty Member's Signature:

Date

Department Head's Signature:

Date

Master Agreement 6.2.3, "Faculty shall meet their assigned classes at their scheduled times for the entire period and for the full length of the semester. Any change in time or location of a scheduled class must have **Prior approval of the department head**, and the faculty member is expected to give students timely notification of the change."

**Form should be submitted to the department head at least 48 hours in advance of the date of absence. In the case of unforeseen illness, submit as soon as possible upon return.