



PARK
UNIVERSITYSM

FACULTY ABSENCE REPORT

This form must be completed whenever a faculty member will be absent for a period of one day or more. Instructions: Please complete the form, forward to the immediate supervisor (usually Chair) for signature, and submit to the appropriate Dean **one week** prior to the requested date of absence. If you are traveling abroad, please notify Donna Baker donna.baker@park.edu to that effect.

Name: _____

Request Date: _____

Reason for Absence: _____

Absence Date(s): _____

Place of Travel: _____

Schedule of classes to be missed:

Course #	Course Name	Time	Day	Date

Plans made for class in your absence:

Course #	Summary of plans:

Faculty contact phone number:

(in case of emergency)

Supervisor's approval: _____ **Date:** _____

Dean's approval: _____ **Date:** _____

Conditions (if any):