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## *Report of Faculty Absence*

Name \_\_\_\_\_

Date(s) of absence \_\_\_\_\_ Total Hours \_\_\_\_\_

Type of Absence:  Sick Leave (Self)     Sick Leave (Family)     Bonus Days     Paid     Unpaid

List classes missed and explain how each was covered\*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Department Chair)

\_\_\_\_\_  
(Signature of Instructor)

\_\_\_\_\_  
(Signature of Dean of Instruction)

\_\_\_\_\_  
(Date)