

Faculty Request for Absence from Campus Duties
Due to Professional or Personal Reasons *

Name of Faculty Member: _____

Date(s) of Absence: _____

Reason for Absence: _____

What classes will be affected (missed, covered by other faculty members, handled in another fashion?):

How will class material be covered (Example: extra class session agreed to by students, faculty colleague covering class, etc. If a colleague has agreed to take your class, please note the name.)

What other responsibilities will need to be covered during your absence? (Example: Supervising students on rotation; advising of students during pre-registration period, etc.) How will this be done?

(For Clinical Practice Faculty)

List the name and phone number of the contact person at your practice site who can be called by the College in your absence in the event that a student must be contacted.

Name: _____

Phone: _____

(For all)

Address and phone number where you can be reached during the period of your absence.

Address: _____

Phone: _____

Faculty Member Signature: _____ Date: _____

Approved by Department Chair: _____ Date: _____

*For absences of one full day or more.

COPHS
July 2003