



Report of Planned Absence

Name: _____

Date of Planned Absence: _____ through _____
Date Date

Professional Conference: _____ Public Service: _____

Location: _____

To be charged against:	(Yes/No) # of Hours
a. Annual Sick Leave	
b. Sick Leave	
c. Sick Leave: Serious Illness in Family	
d. Sick Leave: Maternity	
e. Emergency Leave: Charge to Annual Leave	
f. Emergency Leave: Charge to Leave Without Pay	
g. Leave Without Pay	
h. Court Leave	
Reason for Absence:	

Name of Presentation: _____

Provisions made for classes and other responsibilities during absence:

Course Prefix, Number, and Section	Date	Name of Substitute
Other Responsibilities		

Contact person and telephone number in case of emergency:

Name: _____

Phone Number: _____

Employee Signature: _____

Date: _____

Approval Signature: _____

Date: _____

Department Chair

Date: _____

Dean

Distribution: Original to Dean's Office

Copy to Department Chair