

THE UNIVERSITY OF
MEMPHIS
Department of Art

Faculty Illness Report

Name _____
(Last) (First) (Middle) (Date)

I have taken Sick Leave

For the following dates: _____

Classes missed will be handled in the following manner: _____

Course Title	Number	Section	Day/Time

Service activities missed (also give time/day): _____

Faculty's Signature Date

Approvals:

Chair's Signature Date

Dean's Signature Date

Time absent from official duty will be reported to Human Resources as indicated on this form, and will be deducted from the faculty member/s sick leave balance.