Department of Art The University of Memphis

Faculty Absence Report

| Name | | | | | | | |
|---------------|-------------------|------------------|----------|------------|----------|---------|----------|
| | (Last) | (| (First) | | (Middle) | (Date) | |
| I plan to | be absent from o | official duty | | | | | |
| From: | | 20 _ | т | To:(Month) | | 20 | |
| (Month) | | (Date) | (Year) | 1) | Month) | (Date) | (Year) |
| The caus | se of absence or | nature of busin | ness: | | | | |
| | | | | | | | |
| Classes | missed will be h | | | | | | |
| | Course I | itle | | Number | Section | Day/Tim | ne |
| | | | | | | | |
| | | | | | | | |
| Service a | activities missed | (also give time | e/day): | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | ılty's Signature |) | | | Date | ; |
| <u>Approv</u> | als: | | | | | | |
| | | | | | | | |
| | Ch | air's Signature | | | | Date | |
| | One | an 3 Oignature | | | | Date | • |
| | De | an's Signature | | | | Date | <u>.</u> |

Please note:

- 1. Absences from official duty must have prior approval from the chair.
- 2. A *Travel Authorization* form must accompany this form if the leave is due to business related travel.
- 3. Out of country travel must also be accompanied by a Request for Overseas Travel.
- 4. If the absence is due to illness, a Faculty Illness Report must be filed upon return to work.
- 5. The faculty member or their representative must report absences due to illness to the chair and provide information requested above, as well as the expected date of return.