



## 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