



ABSENCE RECORD

Name:					
Position:					
Person Responsible for Duties:					
Date(s) of Absence:					
Emergency Contact:	Name:				
	Street:				
	City:				
	State:		Zip:		
	Phone:				
Reason for Absence:	<input type="checkbox"/> University Business Explanation: <input type="checkbox"/> Personal Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Bereavement Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Jury Duty <input type="checkbox"/> Military Leave <input type="checkbox"/> Other:				
Date:					
Signature:					
	Signed				
For Administrative Use Only					
Received By:					
Date Received:					

***Submit form two weeks prior to the date of absence.
Deans and Directors send to the Office of Academic Affairs.
Department Chairpersons send to appropriate Dean.***