



## INSTRUCTOR ABSENCE REQUEST

A full-time or part-time faculty member unable to meet a scheduled class for any reason should complete this form and submit it to the Office of the VP of Instruction. **Except** in an emergency, the form should reach the office at least three days prior to the absence.

NAME \_\_\_\_\_ will be absent from the \_\_\_\_\_ campus  
beginning at (hour) \_\_\_\_\_ on (date) \_\_\_\_\_ and ending at (hour)  
\_\_\_\_\_ on (date) \_\_\_\_\_ for the purpose of  
\_\_\_\_\_ at (city) \_\_\_\_\_,  
(state) \_\_\_\_\_.

**Arrangements have been made to take care of all classes as follows:**

<u>CLASS</u>	<u>HOUR</u>	<u>DATE</u>	<u>PERSON IN CHARGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Instructor's Signature \_\_\_\_\_ Date of Submission \_\_\_\_\_

Approved:  
Division Chair \_\_\_\_\_ Date \_\_\_\_\_

Approved:  
VP of Instruction \_\_\_\_\_ Date \_\_\_\_\_