

ABSENCE FROM CLASS/DUTIES REQUEST

Name:	Division:
Date of Absence Requested:	
Course # & Section:	Time: Bldg./Room#:
CLASS WILL BE COVERED BY: Colleague Division Dean Combining Classes Paid S	Media Presentation Guest Lecturer
Students will be notified: Date	By Whom
DUTIES TO BE MISSED:	
Office Hours Registrat	tion Scheduled Meeting
Advising Graduati	on Other:
Have any arrangements been made to cover your duties?	
Yes If Yes, by whom?	
No If No, reason for mis	sing duties:
If this was an unplanned absence and you wabsent.	vere unable to notify the College, please explain why you were

Requested By

Approved By:

Employee's Signature

Date

Supervisor's Signature

Date

Form 1502/003 (3/05)