

**ABSENCE FROM CLASS/DUTIES REQUEST**

**Name:   Division:**

**Date of Absence Requested:**

**Course # & Section:     Time:   Bldg./Room#:**

**CLASS WILL BE COVERED BY:**

 Colleague                Division Dean       Media Presentation Guest Lecturer

 Combining Classes       Paid Substitute Special Class Assignment

Students will be notified:

                                                Date                                         By Whom

**DUTIES TO BE MISSED:**

 Office Hours                       Registration                  Scheduled Meeting

 Advising                      Graduation                   Other*:*

Have any arrangements been made to cover your duties?

 Yes                  If Yes, by whom?

 No                    If No, reason for missing duties:

If this was an unplanned absence and you were unable to notify the College, please explain why you were absent.

**Requested By                                                                          Approved By:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employee’s Signature Date  Supervisor’s Signature Date

Form 1502/003 (3/05)