RECORD OF ABSENCE FROM CLASS

Note: It is the Faculty member's responsibility to submit all absences due to illness, jury duty, family care leave to the department head.

Department:

Name: | Date:

Date(s) of Absence:

Reason for Absence (e.g., University-sponsored travel, jury duty, illness, family care leave):

Classes (to be) Missed			Disposition of Missed Classes
Course	Day(s)	Time(s)	{e.g., substitute arranged (give name), class rescheduled (state when)}

Comments:

Faculty Member's Signature: | Date:

Department Head's Signature: | Date:

Master Agreement 6.2.3, "Faculty shall meet their assigned classes at their scheduled times for the entire period and for the full length of the semester. Any change in time or location of a scheduled class must have **prior approval of the department head**, and the faculty member is expected to give students timely notification of the change."