

# ***THIS FORM FOR DEPARTMENTAL USE ONLY***

NOTICE OF ABSENCE FROM CLASS/CLASS CANCELLATION substitution by a  
Classes should be substituted by a substitute teacher or  
assignments/activities

Please complete the following information and submit this form to the Department Chair as soon as possible before the anticipated absence from class, if absence was due to illness or emergency thereafter as possible)

Name \_\_\_\_\_

Class \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Reason for Absence \_\_\_\_\_

Arrangement for Class(es) Missed (Name of Substitute OR Alternative Assignments/Activities, if applicable):

Signature \_\_\_\_\_

Date \_\_\_\_\_

Received by Chair (Signature) \_\_\_\_\_

Date \_\_\_\_\_

\* This form is not required for use of personal holiday that is taken upon mutual agreement of the faculty member and appropriate administrator. In cases of absence involving University-related travel, this form is not a substitute for the standard travel authorization form.