



Faculty Absence Notification/Leave Report Form

This form must be submitted if faculty will miss instructional time and/or designated office hours. In case of emergency, the form shall be submitted no less than three (3) days from the date(s) of absence.

Name \_\_\_\_\_ Z# \_\_\_\_\_

College \_\_\_\_\_

Date(s) of Reported Leave: \_\_\_\_\_ to \_\_\_\_\_

Purpose of Reported Leave: \_\_\_\_\_ sick \_\_\_\_\_ academic/professional \_\_\_\_\_ other

If the leave is for academic/professional purposes, please provide a brief statement regarding the value to (a) your professional/academic development and (b) Department/College and University community. \_\_\_\_\_

\*\*Faculty may be required to provide copies of the seminar or conference materials upon returning to work. \*\*

If other is selected, please identify in detail the extraordinary circumstances for your reported leave (i.e. bereavement, jury duty, etc.). \_\_\_\_\_

Will you miss class time? \_\_\_ Yes \_\_\_ No If yes, list the class(es) below:

Course 1 title: \_\_\_\_\_ Course number: \_\_\_\_\_

Was the class cancelled?

\_\_\_ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. \_\_\_\_\_

\_\_\_ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. \_\_\_\_\_

\_\_\_\_\_

Course 2 title: \_\_\_\_\_ Course number: \_\_\_\_\_

Was the class cancelled?

\_\_\_ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. \_\_\_\_\_

\_\_\_\_\_

Course 3 title: \_\_\_\_\_ Course number: \_\_\_\_\_

Was the class cancelled?

\_\_\_ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. \_\_\_\_\_

\_\_\_\_\_

Course 4 title: \_\_\_\_\_ Course number: \_\_\_\_\_

Was the class cancelled?

\_\_\_ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. \_\_\_\_\_

\_\_\_\_\_

Course 5 title: \_\_\_\_\_

Course number: \_\_\_\_\_

Was the class cancelled?

\_\_\_ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. \_\_\_\_\_

\_\_\_\_\_

\_\_\_ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. \_\_\_\_\_

\_\_\_\_\_

*I acknowledge that absenteeism, leave, class time, and office hours are governed by the CBA, Faculty Handbook, FAU personnel policies, and Provost's Memoranda. If travel is associated with the reported absence, the Spend Authorization procedure applies as well. I also acknowledge it is my responsibility to adhere to all such governing documents and procedures. I also understand that any sick leave must be reported through my Workday account in advance of the absence taking place.*

\_\_\_\_\_  
Faculty member's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
approved

\_\_\_\_\_  
disapproved

\_\_\_\_\_  
Dean's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
approved

\_\_\_\_\_  
disapproved