FACULTY ABSENCE REPORT

Name:		Event:	
Location:		Contact Phone:	
Date Leave:		Date Return:	
PROVISION MADE FOR CLASSES			
Class Meeting Time			
(Day and Time)		Name of Course	Teaching Arrangements
	,		
Note: The purpose of this report is to insure that the teaching proceeds without interruption and at the proper quality level.			
Faculty Cianate	•	Doto	
Faculty Signatu	іге	Date	

Date

Chairman Signature