

Asbury University

FACULTY PROFESSIONAL ABSENCE REQUEST

Faculty are expected to notify their Department Chair of any anticipated absence for professional reasons. This form should be submitted to and approved by the chair PRIOR to the faculty member's absence. It is expected that classes will not normally be cancelled as a result of the absence, and that arrangements have been made to have the classes covered in an appropriate manner.

Name: _____

It will be necessary for me to be absent from the following class(es):

on (dates):

Reason for my absence:

My class(es) will be cared for in the following manner:

Faculty Signature

Date

Department Chair Signature

Date

(**Department Chair:** Forward form to Provost's Office when signed)
(Staff assistants should be made aware of the absence and class arrangements)