Request for Temporary Absence

Name: ______________________________________________

Type of Absence:

Sick Leave
Reason:__________________________________________ Date(s):_________
Disposition of Classes:_____________________________________________

Personal Emergency (This may include a family emergency, death in the family, etc. A personal emergency does NOT include the following -- time conflicts with internships, off-campus jobs, or extending holiday breaks &/or conference breaks)

Reason:__________________________________________ Date(s):_________
Disposition of Classes:_____________________________________________

Conference/Professional Meeting (including Tournaments)
Place of Meeting__________________________________ Date(s):_________
Disposition of Classes:_____________________________________________

________________________________________________________

TA Signature ____________________________________ Date:___________
Supervisor Signature:_______________________________ Date:___________
Department Chair Signature:_________________________ Date:___________

When physically possible, this form must be submitted prior to your absence.