

**ABSENCE FOR ILLNESS**  
**Coverage of Instructional Responsibilities**

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_

**IMPORTANT:**

An absence due to illness/family illness must be reported within **THREE (3)** days of your return and the time must be charged against your **SICK LEAVE** credits (regardless of course coverage method). The absence must be reported on your **MONTHLY LEAVE RECORD** prior to submitting the form to Payroll. Class material must be made up. Planned absences from class for medical procedures should be requested in advance.

**COVERAGE OF CLASSES:**

\* Specify date and time, if the substitute activity is a makeup class.

Course # & section	Date(s)	Time	Substitute Activity*	# previous absences
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____

If the substitute activity is other than a makeup class, exam, or substitute instructor, explain:

a) How is this activity related to course material?

b) How will the activity be included as part of the final course grade?

SIGNATURE: Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL OF CLASS COVERAGE ARRANGEMENTS:**

Department Chair \_\_\_\_\_ Date \_\_\_\_\_  
Dean \_\_\_\_\_ Date \_\_\_\_\_