

**PROFESSIONAL AND PERSONAL ABSENCES**  
**Plan for Coverage of Instructional Responsibilities**

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

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

Planned absences should be arranged in advance. Class material must be made up for all absences.  
(Use the ABSENCE FOR ILLNESS form if absence is due to illness.)

Please check:     Professional (Attach travel authorization)                       Non-professional/non-business  
leave, other than Sick (may result  
in lost pay)

**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 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 \_\_\_\_\_

**NOTE: Prior approval of the Department Chair and Dean must be secured before  
absence except in cases of illness or other emergencies.**

**Distribution: Dean, Department Chair, Faculty Member, Payroll (if lost pay)**