

NOTIFICATION OF ABSENCE/ CLASS COVERAGE FORM

ALL COVERAGE MUST BE CLEARED BY THE DIVISION PRIOR TO INITIATING PAPERWORK

	NAME:	Please complete form, print out, sign below and turn into division office						
FIRST DATE	OF ABSENCE:							
LAST DATE OF ABSENCE:								
OFFICE HOURS:		□ Bereavement □ Jury Duty □ Conference □ School Related Activity □ Illness □ Other-explain below		SI	SIGNATURE:			
REASON FOR ABSENCE:					THIS AREA FOR DIVISION OFFICE USE REQUEST APPROVED REQUEST DENIED			
CONTACT NUMBER				De	Dean or Designee Signature COVERAGE: ☐ TRADE ☐ PAY ☐ ABSENCE ☐ OTHER - see notes			
DURING ABSENCE:								
NOTES:				IN.	OTES			
					OILS			
					TIME STAMP:			
			CLASS COVERA	GF DURII	IG ABSEN	I C F		
REF#	CLASS CODE		ASS TITLE	DATE	START TIME	END TIME	SUBSTITUTE NAME	SUBSTITUTE INITIALS