



ABSENCE REQUEST/DESIGNEE FORM

DIRECT REPORTS TO
Interim Dean of the School of Extended Learning & CIO

Name: _____
(Print)

Notice is hereby given that I expect to be away from the University for the period and reason(s) specified below:

DATE(S): _____
From To Number of Days

REASON(S): _____

The following named person will be responsible for the office during my absence:

Name: _____ Phone: _____

Title: _____ Cell: _____

Should it become necessary, you may contact me at:

Address: _____

City/State Zip: _____

Phone: _____ Fax: _____

Signed: _____

Date: _____

Approved: _____

Date: _____

Submit no later than one (1) week prior to the absence.