

Davis & Elkins College™

FACULTY ABSENCE FORM

Please submit to the Office of Academic Affairs at least 24 hours prior to short term leave. One copy will be returned for your files.

Name:	Date:
Destination:	

1. I expect to be absent from the following specified classes or other official activities of the College on the dates indicated:

Date	Classes or Activities Missed

2. The reason for being absent is:

3. I have made the following arrangements for regular responsibilities to be met in my absence by:

Signature of Applicant:	
Signature of Department Chair: (Approval)	
Leave Approved VPAA Signature/Date:	
Leave Denied VPAA Signature/Date:	