

Absence from Class and/or Other Assigned Tasks
Department of Political Science
Faculty and Non-Classified Staff

Name: _____ Date: _____
(Please Print)

Date(s) of Absence: From: _____ To: _____

Reason for Absence: ☐ Conference/Meeting ☐ Illness ☐ Vacation ☐ Funeral
☐ Other: _____

If conference/meeting, please provide name, location and a phone number:

Class(es)			
Missed:	_____	Room: _____	Time: _____
	_____	Room: _____	Time: _____
	_____	Room: _____	Time: _____

Class(es) will be covered by:

Name(s): _____	Rank/ Position: _____
_____	_____
_____	_____

Signature: _____ Date: _____

Supervisor: _____ Date: _____