

**Department of Health and Human Performance
Absence From Campus Reporting Form**

Background. According to the Faculty Handbook and PPS 4.02, faculty members who are absent from campus, even if no classes are missed, should inform the Program Coordinator in advance. The Program Coordinator will then notify the appropriate Department Chair of the faculty member's absence. Although not all absences can be anticipated (e.g., those due to a sudden illness or family emergency), this form should be completed when the faculty knows he or she will be absent from campus.

Instructions. Submit this form to the Program Coordinator one week prior to your absence from campus.

Name: _____ **Destination:** _____

Purpose Of Trip (Check appropriate box or boxes. Whenever possible, attach documentation.):

Consultation: _____

Presentation: _____

Research: _____

Supervision: _____

Personal Reasons: _____

Other: _____

First date missed: _____ **Return Date:** _____

Telephone/Cellular Phone where you can be reached in case we need to contact you: _____

Note. If you miss class as a result of your absence, you are expected to find a suitable Substitute or assign a suitable project. Details should be consulted under "Covering missed classes" in department's policy.

Check the appropriate box:

I will not miss any classes.

I will miss one or more classes.

Complete the following section and table if any classes will be missed. Attach extra pages if needed.

I will assign a suitable project. (Columns 1-3 required)

I will assign a Substitute. (Columns 1-9 required)

| Class & Section | Time of Day | Date | Name of Substitute | Phone # of Substitute | Signature of Substitute | Name of Guest | Phone # of Guest | Signature of Guest |
|----------------------------|--------------------|-------------|---------------------------|------------------------------|--------------------------------|----------------------|-------------------------|---------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Typed Name of Faculty Member: _____

Signature of Faculty Member: _____

Date submitted: _____

Signature of Program Coordinator: _____

Date: _____

Signature of the Department Chair: _____

Date: _____