



Faculty Absence Notification/Leave Request Form

This form must be submitted if faculty will miss instructional time, designated office hours or University/Department meetings. In case of emergency, the form shall be submitted no less than three (3) days from the date(s) of absence.

Name _____ Z# _____

College _____

Date(s) of Requested Leave: _____ to _____

Purpose of Requested Leave: _____ sick _____ academic/professional _____ other

If the leave is for academic/professional purposes, please provide a brief statement regarding the value to (a) your professional/academic development and (b) Department/College and University community. _____

**Faculty may be required to provide copies of the seminar or conference materials upon returning to work. **

If other is selected, please identify in detail the extraordinary circumstances for your requested leave (i.e. bereavement, jury duty, etc.). _____

Will you miss class time? ___ Yes ___ No If yes, list the class(es) below:

Course 1 title: _____ Course number: _____

Was the class cancelled?

___ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. _____

___ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. _____

Course 2 title: _____ Course number: _____

Was the class cancelled?

___ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. _____

___ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. _____

Course 3 title: _____ Course number: _____

Was the class cancelled?

___ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. _____

___ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. _____

Course 4 title: _____ Course number: _____

Was the class cancelled?

___ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. _____

___ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. _____

Course 5 title: _____

Course number: _____

Was the class cancelled?

___ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. _____

___ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. _____

I acknowledge that absenteeism, leave, class time, and office hours are governed by the CBA, Faculty Handbook, FAU personnel policies, and Provost's Memoranda. If travel is associated with the requested absence, the Travel Authorization Request (TAR) procedure applies as well. I also acknowledge it is my responsibility to adhere to all such governing documents and procedures. I also understand that any time off must be requested through my Workday account in advance of the absence taking place.

Faculty member's signature

Date

Department Chair's signature

Date

approved

disapproved

Dean's signature

Date

approved

disapproved

Once this form is approved, the faculty member or HR Partner (in the department or college) must upload this form to the documents tab in Workday.