Graduate Employee or Faculty Name: Click here to enter text.

Supervisor’s Name: Click here to enter text.

Type of Absence Requested: Choose an item.

Conference or Professional Activity detailed information: Click here to enter text.

Substitute needed: Date: Click here to enter a date.

Date: Click here to enter a date.

Sub Needed: Choose an item.

If Yes: Who? Click here to enter text.(No Graduate Employees with .49 Assignment)

Class Time Start:       End:

Start:       End:

You may sign this electronically and submit it to the Department Head

     

Employee Signature Date

     

Department Head Signature Date