FACULTY ABSENCE REQUEST

______________________________________ requests official absence from classes and assigned duties from

print name

to .

mm/dd/year    mm/dd/year

FOR THE FOLLOWING REASON:

I recommend classes and assignments arranged as follows:

Date:   Class:      Sub-teacher recommendation

Faculty signature: _____________________________ Date: ______________________

APPROVALS:

____________________________________________ Date: ______________________
Department Chair

____________________________________________ Date: ______________________
Conservatory Dean

(Please note that all substitutes must be approved by the Chair and Dean).