

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).