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Report of Faculty Absence (medical only)

Human Resources

Employee Information

Please type or print.

Name: _____
Last First Middle

Social Security or ID number: _____ Department: _____

Date: _____ Medical leave: from _____ to _____ Hours: _____

Classes: _____
(class) (time) (date)

Reason for absence: _____

How class(es) covered: _____

If more than one class was missed, report each with the reasons and how they were covered or summarized on an attached sheet.

Signature of employee _____ Date _____ Signature of dean _____ Date _____

Submit completed form to Human Resources, Station 21, for processing.
OCS · T1000 · 5/10



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