



REPORT OF FACULTY ABSENCES FROM CLASSES

TO BE RETURNED TO DIVISION CHAIR

NAME: _____

DATE: _____

DATE(S) OF ABSENCES: _____

CLASSES MISSED: _____

Department and Course Number	Course Section	Course Name	Total Class Hours Missed

Reason for absence:

Provisions made for continuity of instruction: (PLEASE SPECIFY)

Faculty Signature: _____

Date: _____

Division Chair Signature: _____

Date: _____