

FACULTY REPORT OF ABSENCE FROM CLASS

(To be used when absent from class and NOT receiving extra money)

NAME: _____

DATE(S) OF ABSENCE FROM CLASS: _____

WHICH COURSES (CLASSES) WILL BE MISSED: _____

REASON FOR BEING ABSENT: _____

HOW WILL CLASSES BE COVERED AND BY WHOM: _____

NUMBER OF DAYS MISSED THIS SEMESTER ALREADY REPORTED ON UPO-10 FORM: _____

NUMBER OF DAYS MISSED THIS SEMESTER ALREADY REPORTED ON THIS FORM: _____

NUMBER OF DAYS MISSED THIS SEMESTER ALREADY REPORTED ON SICK LEAVE: _____

NOTE: USE UPO-10 form when absent from class and receiving extra money.

Use Sick Leave form when absent from class when sick.

Use this form when absent from class and not receiving extra money.

DATE: _____