

UNIVERSITY OF ARIZONA
College of Education

REQUEST FOR ABSENCE FROM CAMPUS*

This form must be completed for all absences from campus that do not involve consulting for remuneration outside the University. The form must also be submitted in the event a faculty member cancels a class for any reason. Absences of three days or fewer may be approved by the Department Head; however, copies of all forms must be submitted to the Office of the Dean.

Name _____ Date _____

University Position _____ Department _____

Date(s) of Absence: _____

Destination(s): _____

Reason for Absence: _____

Telephone number where you can be reached (optional) _____

If classes will be missed, please indicate which ones, on what dates, and how covered. **In addition, please indicate whether office hours will be missed.**

Signature of Faculty Member

Approved:

Department Head

Date

When absence exceeds three consecutive working days or faculty member has been absent from campus for more than five days during the semester:

Dean

Date

*If absence involves employment for remuneration outside the University, please complete Consulting Approval Form: Proposed Employment for Remuneration Outside the University.