**PART-TIME CURRICULUM FACULTY REPORT OF ABSENCE**

INSTRUCTIONS:

Prepare one form for each class missed.

The completed Form is to be submitted to the Part-time Contracts Office.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Instructor’s Name | Hours Absent | Course # | Section # | Class/Lab/Clinic | Date Absent | Start/End Time |
|       |       |       |       |       |       |       |

[ ]  The class met as scheduled. Please deobligate the pay from the absent instructor and prepare a contract to compensate the substitute.

|  |  |
| --- | --- |
| Name of Substitute: |       |

[ ]  The class did not meet as scheduled. Please deobligate the pay for the hours missed from the absent instructor.

[ ]  The class did not meet as scheduled, but was rescheduled for:

|  |  |
| --- | --- |
|       |       |
| Date | Time |

[ ]  The class did not meet, but the **equivalent** time/material was made up by the following assignment/ activity:

|  |
| --- |
|       |

 [ ]  I am eligible for Personal Observance Leave and choose to use my available leave for this

 absence (Please do not check this box if you have not been notified of eligibility. Please see

 I-9.13 in the Administrative Procedures Manual for eligibility requirements).

I certify that the above information is correct.

|  |  |
| --- | --- |
|       |       |
| Faculty Member’s Signature | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |       |  |       |       |
| Department Chair’s Signature | Date |  | Dean’s Signature | Date |