COLLEGE OF HUMAN ENVIRONMENTAL SCIENCES RECORD OF FACULTY AWAY FROM CAMPUS

(Submit Two Weeks Prior to Travel)

Name:	Date:
Reason For Absence:	
Date of Departure From Campus:	Time:
Date of Return To Campus:	Time:
Points of Contact (City and State)	
Telephone Number (if known):	
The absence will result in my not meeting	The following arrangements are planned for
the following regularly scheduled classes:	covering my classes and other duties:
Classes Dates Times	
How many times have these classes been missed this semester?	
Other responsibilities:	
	Approved by:
Signature of Faculty Member or Staff Member	Signature of Department Head
Date	Date
cc: Faculty Member	

Departmental Office Dean's Office