

**KUTZTOWN UNIVERSITY
REQUEST/REPORT OF ABSENCE FOR FACULTY**

NAME: _____ **PERSONNEL NO:** _____

DATES OF ABSENCE: _____

Reason (be specific):

- Sick Duration in days: _____
- Sick Bereavement Duration in days: _____ Relationship: _____
- Sick Family Duration in days: _____ Relationship: _____
- Personal Duration in days: _____

Official Business
Explanation: _____

Attendance at professional meeting
Explanation: _____

Other: _____

Should there not be enough earned leave to cover the above absences, I understand that the time will be recorded as leave without pay and the appropriate amount deducted from my pay.

Employee Signature

Date

Department Chair Name (please print)

Department Chair Signature Date

Dean Name (please print)

Dean Signature Date

Provision for classes:

Course: _____ Day/Hour:: _____

Covered by: _____

Course: _____ Day/Hour:: _____

Covered by: _____

Course: _____ Day/Hour:: _____

Covered by: _____