CAS Faculty Absence Request Form

Faculty Nam	ne:				
Term /Year:					
Total number	er of days reque	sted:			
Dates Reque	ested: From:	То:			
Reason for	request:				
Check each	box if you will b	e absent for any of t	the following:		
Courses	Dept meetings	Committee service	Office hours	Student advising	Other
	1				
Please provi	ide a brief expla	nation on how thes	e obligations w	vill be covered (if	not applicable fill in N/A)
Courses:					
Dept Meetir	ngs:				
Committee	Service:				
Office hours	::				

Student advising:	
Other:	
Unit Head/Director Signature	Date
Divisional Associate Dean Signature	Date

Unit head/director should submit this completed, signed form to their divisional associate dean requesting approval/signature for faculty member to be away from campus. Finalized form with all signatures is sent to Jesse Grimmer at igrimmer@uoregon.edu.