**CAS Faculty Absence Request Form**

**Faculty Name:**

**Term /Year:**

**Total Number of Days Requested:**

**Dates Requested: From: To:**

 **Reason for request:**

|  |
| --- |
|  |

**Check off each box if you will be absent for any of the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Courses** | **Dept meetings** | **Committee service** | **Office hours** | **Student advising** | **Other** |
|  [ ]  | [ ]  |  [ ]  |  [ ]  |  [ ]  |  [ ]  |

**Please provide a brief explanation on how these obligations will be covered (if not applicable fill in N/A):**

**Courses:**

**Dept Meetings:**

**Committee Service:**

**Office hours**:

**Student advising:**

**Other:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Unit** **Head/Program Director Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Divisional Associate Dean Signature Date**

*Unit head/program 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* *jgrimmer@uoregon.edu**.*