



Planned Absence from the College

Name:

Date:

Department:

Type of Absence:

Other: (explanation such as: off campus conferences, meetings, etc):

Leave of Absence: (explanation)

(1st date of absence)

(last date of absence)

Starting Date: **Time:**

Ending Date: **Time:**

Important Must be Completed:**

During this planned absence, my responsibilities will be covered by:

Approval:

Immediate Supervisor:

Date:

This Form Does Not Authorize Expenditures