

Department of Mechanical and Aerospace Engineering

ABSENCE FROM CAMPUS

Name: _____ Date: _____

**THIS FORM IS FOR ABSENCE FROM CAMPUS FOR 7 DAYS OR LESS
WITHIN THE USA.**

**NOTE: FOR FOREIGN TRAVEL FORM UCI-AP-76 IS REQUIRED, PLEASE
SEE TIFFANY OR GO TO: http://www.ap.uci.edu/Forms/numerical_forms.html**

DATE(S) ABSENT FROM CAMPUS:

Leave: _____ Time: _____ Return: _____ Time: _____

Destination: _____

Phone: _____

Contact: _____

Purpose: _____

Course(s) you are currently teaching: _____ Date/Time? _____

Course(s) you are currently teaching: _____ Date/Time? _____

How will the students be notified of your absence?

Email Post Note in Class Other

Who will notify the students? _____

How will the class(s) be covered? _____

Signature: _____ **Date:** _____

Please hand-deliver the completed form to Marcia or Tiffany BEFORE your departure.

Approval _____ **Date:** _____

Derek Dunn-Rankin, Chair

Revised 09/09