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