SUL ROSS STATE UNIVERSITY
Application for Faculty Absence
(No Reimbursement from State Required)

I, ____________________________, will be absent beginning on ____________________, and returning to my work, according to present plans, on or before __________________________.

I request permission to be absent from my duties at Sul Ross State University for reasons described in detail as follows:

☐ Special Circumstances: ____________________________________________________________

☐ Sick Leave  ☐ Self or  ☐ Immediate Family (state relationship) __________________________

_________________________________  Total Number of Sick Days ______________

☐ Emergency Leave (give reason; in case of death state family relationship) __________________________

I suggest the following arrangements to take care of my classes in my absence, and if the application is approved, will assume responsibility for making these arrangements and seeing that they are executed:

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<tr>
<th>CLASS</th>
<th>TIME OF MEETING</th>
<th>ARRANGEMENT SUGGESTED IN MY ABSENCE</th>
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_________________________________  Signature  Title

Approved: ____________________________  Immediate Supervisor  Date

Approved: ____________________________  Dean  Date

Approved: ____________________________  Provost and Vice President for Academic and Student Affairs  Date

Approved: ____________________________  President  Date

Return ONE signed copy to the Academic and Student Affairs Office, BAB 203.

Distribution: Original to faculty, copies to Academic and Student Affairs and Human Resources.