

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:

Travel on Personal Business: _____

Sick Leave Self or Immediate Family (state relationship) _____
_____ Total Number of Sick Hours _____

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:

CLASS	TIME OF MEETING	ARRANGEMENT SUGGESTED IN MY ABSENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

Title

Approved: _____
Immediate Supervisor

_____ Date

Approved: _____
Dean or Division Director

_____ Date

Approved: _____
Vice President for Academic Affairs

_____ Date

Approved: _____
President

_____ Date

Return ONE signed copy to the Academic Affairs Office, BAB 203.
Submit to payroll@sulross.edu