

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:

9 Special Circumstances: _____

9 Sick Leave 9 Self or 9 Immediate Family (state relationship) _____

_____ **Total Number of Sick Days** _____

9 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
Date

Approved: _____ Executive Vice President and Provost
Date

Approved: _____ President
Date

Return ONE signed copy to the Academic and Office, BAB 203. Distribution: Original to faculty, copies to Academic Affairs and Human Resources.