

AUSTIN PEAY STATE UNIVERSITY
FACULTY ABSENCE FORM

This form should be completed and presented for approval before the date of the anticipated absence, whenever possible. Unanticipated absence (i.e., illness) should be reported promptly after the fact. Both require the approval of the chairperson or supervisor.

PLEASE CHECK ONE: Request for Absence Report of Absence A#

Name: _____ Department/Division: _____

Date(s) of Absence: _____ Number of Hours: _____ :

(a) Nature of Absence: Sick Leave @ Leave

(b) Reason for Absence:

Arrangements for taking care of classes or other duties:

Date Submitted:

SIGNATURES:

Faculty Member

Chairperson/Supervisor

NOTES:

1. Sick Leave – Absence due to personal illness, personal injury, medical or dental examinations, exposure to contagious disease, and illness or death of family members.
2. Nine-month academic personnel, full or part-time, whether or not compensated over a twelve-month period, shall not be eligible for annual leave.
3. Institutional Leave – Absence from regularly scheduled activities to attend University-related meetings or activities off-campus.