



# Martin Methodist College

## Faculty Absence Request

### Absence Information

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Department: \_\_\_\_\_

Division Chair: \_\_\_\_\_

Reason for absence:

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Arrangements for classes that will be missed:

*Please submit requests for absences, other than sick leave, two days prior to the first day you will be absent.*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

### Approval

Approved

Rejected

Comments:

\_\_\_\_\_  
*Division Chair Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Provost Signature*

\_\_\_\_\_  
*Date*