

# Department of Health and Human Development

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## Request for Personal Absence

This form is to be used for all nonreimbursable absences during faculty contract period. Please complete and return to administrative assistant at least two weeks prior to all planned absences.

Name \_\_\_\_\_ Date \_\_\_\_\_

1. I plan to be absent on \_\_\_\_\_

Destination \_\_\_\_\_

2. Purpose ➤ personal \_\_\_\_\_

3. I plan to cover my work responsibilities as follows:

4. Mode of travel \_\_\_\_\_

Departure date and time \_\_\_\_\_

Return date and time \_\_\_\_\_

Where you can be reached \_\_\_\_\_

\_\_\_\_\_  
Faculty signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department head signature

\_\_\_\_\_  
Date