



GLENVILLE
STATE COLLEGE

**FACULTY REPORT
OF ABSENCE OR REQUEST
TO BE ABSENT FROM DUTY**
(AA-9/19)

Faculty Member: _____ Date: _____

I (report) (request permission for) absence from duties on the following date(s): _____

Indicate reason for absence: Personal College Duties
Note: Personal reasons are those not related to college duties (illness, death in family, etc.)

Explain absence: _____

Classes/Responsibilities Missed:	Disposition of Each:	(please be specific)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If reason stated above is for college duties, please complete the following:

Destination: _____

Mode of Travel: _____

Estimated cost if other than college vehicle: _____

Estimated cost of meals and room: _____

Approval is for the absence only and does not imply approval of funds unless specifically noted with funding source(s) listed and/or notification of the approval attached.

Chairperson _____

_____ Date