

Stockton 8 Q L Y H U V L W \

Faculty/Staff Absence Form

Name:

Date(s) of Absence:

Do you want the office to post an official class cancellation notice? yes no

Treat as:

Absence

Absence start:

Return to Work:

Note: if you miss more than 5 consecutive work days, please supply doctor's note

Professional activity

conference meeting seminar other

Activity details (event, date(s), place):

Alternative arrangements for your class (provide details: who will cover, alternative assignment, ...):

