

Department of Art
FACULTY CLASS ABSENCE FORM
Northern Kentucky University

Name _____ Date Submitted _____

Date(s) of Absence: _____

A. Planned absence for professional activity or personal illness

Reason for absence: _____

Class(es) covered by: _____

B. Unplanned absence (check one) _____ class not covered, or

_____ Class covered by _____

Reason for absence (check one) _____ Personal illness

_____ Illness in family

_____ Accident/traffic

_____ Crisis (explain) _____

_____ Other (explain) _____

Leave approved: (required for part A):

Chair

Date