




ACADEMIC AFFAIRS
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MEMORANDUM

DATE: April 27, 2017
TO: College Deans
FROM: Gary W. Perry
Provost and Vice President for Academic Affairs

RE: Faculty Absence Notification/Leave Report Form - REVISED

Regular 9-month faculty appointments normally begin in August and end in May. Over the course of a fall or spring semester, faculty members may need to travel or take leave time for any number of personal or professional reasons. Likely, professional development opportunities, such as conferences or seminars, may require the faculty member to miss regularly assigned duties such as instructional time including office hours.

To ensure and to document proper coverage of instructional duties, faculty members who will be absent or plan to take leave and will miss one or more classes or their posted office hours will need to complete the Faculty Absence Notification/Leave Report form. Reports need to be approved by Chair/Director and Dean. Completed forms will be maintained within the College.

If the reason for absence is due to illness, sick leave must be recorded through Workday as you have always done.

cc: Michele Hawkins, Vice Provost for Academic Affairs



Faculty Absence Notification/Leave Report Form

This form must be submitted if faculty will miss instructional time and/or designated office hours. In case of emergency, the form shall be submitted no less than three (3) days from the date(s) of absence.

Name _____ Z# _____

College _____

Date(s) of Reported Leave: _____ to _____

Purpose of Reported Leave: _____ sick _____ academic/professional _____ other

If the leave is for academic/professional purposes, please provide a brief statement regarding the value to (a) your professional/academic development and (b) Department/College and University community. _____

**Faculty may be required to provide copies of the seminar or conference materials upon returning to work. **

If other is selected, please identify in detail the extraordinary circumstances for your reported leave (i.e. bereavement, jury duty, etc.). _____

Will you miss class time? ___ Yes ___ No If yes, list the class(es) below:

Course 1 title: _____ Course number: _____

Was the class cancelled?

___ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. _____

___ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. _____

Course 2 title: _____ Course number: _____

Was the class cancelled?

___ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. _____

___ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. _____

Course 3 title: _____ Course number: _____

Was the class cancelled?

___ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. _____

___ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. _____

Course 4 title: _____ Course number: _____

Was the class cancelled?

___ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. _____

___ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. _____

Course 5 title: _____

Course number: _____

Was the class cancelled?

___ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. _____

___ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. _____

I acknowledge that absenteeism, leave, class time, and office hours are governed by the CBA, Faculty Handbook, FAU personnel policies, and Provost's Memoranda. If travel is associated with the reported absence, the Spend Authorization procedure applies as well. I also acknowledge it is my responsibility to adhere to all such governing documents and procedures. I also understand that any sick leave must be reported through my Workday account in advance of the absence taking place.

Faculty member's signature

Date

Department Chair's signature

Date

approved

disapproved

Dean's signature

Date

approved

disapproved