



NORTHERN MICHIGAN
UNIVERSITY

**COLLEGE OF TECHNOLOGY AND OCCUPATIONAL SCIENCES
ABSENCE FROM CLASS RECORD/REQUEST**

Faculty Name: _____

Date(s) of Absence: _____

Reason for Absence: University Sponsored Event
 Jury Duty
 Family Care
 Illness
 Other (please explain): _____

Classes to be Missed:

Course ID	Course Title	Date(s)	Time (i.e. 8 – 10 am)

Disposition of Missed Classes

Substitute Arranged Substitute Name : _____
 Assignments/Rescheduled
 Covered by Colleagues

Faculty Member Signature *Date*

Department Head Signature *Date*

**Form should be submitted to the department head at least 48 hours in advance of date of absence.
 In the case of unforeseen illness, submit as soon as possible upon return.**

 For Office use:

HR: _____ Sem Cal: _____