

Elizabeth City State University
Elizabeth City, North Carolina

Office of the Provost and Vice Chancellor for Academic Affairs

Faculty/Staff Request for Absence

Request for permission to be absent from the University on the following date(s): _____

Beginning _____ Ending _____
DATE/TIME DATE/TIME

Personal _____

Professional meeting: _____
PLACE

Class Arrangements:

| TIME & DAYS | COURSE | ROOM & BLDG. | SUBSTITUTE TEACHER OR OTHER ARRANGEMENTS |
|-------------|--------|--------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Date Requested: _____

Signature of Faculty/Staff Making Request

Date Approved Not Approved

Signature of Chairperson/Supervisor

Date Approved Not Approved

Signature of Dean

Date Approved Not Approved

Signature of Provost/Vice Chancellor for Academic Affairs

Non-approval reason/comment _____

REMARKS:

Official leave has not been granted unless the person requesting leave has received a copy of the approved request from the office of the Provost and Vice Chancellor for Academic Affairs. Request for Absence form is to be submitted to the office of the Provost and Vice Chancellor for Academic Affairs at least seven days prior to requested leave date.