

Elizabeth City State University

Elizabeth City, North Carolina

Office of the Provost and Vice Chancellor for Academic Affairs

Faculty/Staff Request for Absence

(Forms should be submitted at least seven (7) days prior to absence)

I _____ am requesting permission to be absent from the University on
Printed Name of Faculty/Staff Making Request
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

Non-approval reason/comment _____

REMARKS: Official leave has not been granted until the person requesting leave has received a copy of the approved request from the Department Chairperson. The Office of the Provost and Vice Chancellor for Academic Affairs shall receive a signed copy of the request form (approval or denial) at least two (2) days prior to the requested leave date.