

Biology Department Faculty Absence Report

Name: _____

Date(s) of Absence: _____

Reason for Absence: _____

Classes to be missed: _____

Name of person(s) responsible for classes and attendance records:

Name: _____

Suggested arrangements for classes: _____

Name: _____

Suggested arrangements for classes: _____

Date: _____ Signature: _____

The suggested arrangements for classes during the intended absence are satisfactory.

Date: _____ Chair: _____

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