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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Date: ___________________ Chair: ______________________