

UMSL Faculty Absence Request Form

Name: _____

Department/Area/Division: _____

Date(s) for which absence is requested _____

Course(s) that are involved _____

Reason for request:

- Illness
- Medical and Family Leave (with pay)
- Medical and Family Leave (without pay)
- Training
- Jury Duty
- Military Obligation
- Professional conference
- Service to unit, campus, or professional organization
- Administrative Leave
- Religious Observance
- Personal

Explanation for request: _____

Mechanism(s) for accommodating the class absence: _____

Signature _____ Date _____

Approvals

Chair/Coordinator _____ Date _____

Dean _____ Date _____

Copy to the Office of the Vice Chancellor for Academic Affairs.