



ADJUNCT ABSENCE REQUEST/REPORT FORM

EMPLOYEE NAME _____ **ID#** _____

Please use this section to report any absences from the job.

Course #	Section #	Course Days	Course Times	Date(s) Missed	Time Missed

Will an Alternative Teaching Method be used: Yes No

If yes, indicate method _____

Employee Signature: _____ Date: _____

Dean of Instruction Signature: _____ Date: _____

Approved Denied, reason: