AUSTIN PEAY STATE UNIVERSITY
FACULTY ABSENCE FORM

This form should be completed and presented for approval before the date of the anticipated absence, whenever possible. Unanticipated absence (i.e., illness) should be reported promptly after the fact. Both require the approval of the chairperson or supervisor and the dean or director.

PLEASE CHECK ONE: ☐ Request for Absence ☐ Report of Absence

Name: _____ Department/Division _____

Date(s) of Absence _____ Number of Working Hours _____

(a) Nature of Absence: ☐ Sick Leave ☐ Annual Leave ☐ Institutional Leave

(b) Reason for Absence: (Not Required for Annual Leave)

_____

Arrangements for taking care of classes or other duties:

_____

Date Submitted _____

SIGNATURES:

_____
Faculty Member

_____
Chairperson/Supervisor

_____
Dean/Director

NOTES:

1. Sick Leave - Absence due to personal illness, personal injury, medical or dental examinations, exposure to contagious disease, and illness or death of family members.

2. Nine-month academic personnel, full or part-time, whether or not compensated over a twelve-month period, shall not be eligible for annual leave.

3. Institutional Leave - Absence from regularly scheduled activities to attend University-related meetings or activities off-campus.

APSU/AA/1013 (Rev. 1/83)