

**KUTZTOWN UNIVERSITY
REQUEST/REPORT OF ABSENCE FOR NON-TEACHING FACULTY**

NAME: _____ **PERSONNEL NO:** _____

DATES OF ABSENCE: _____

Reason (be specific): 1 day = 7.50 hours

☐ **Sick** **Duration in hours:** _____

☐ **Sick Bereavement** **Duration in hours:** _____ **Relationship:** _____

☐ **Sick Family** **Duration in hours:** _____ **Relationship:** _____

☐ **Personal** **Duration in hours:** _____

☐ **Official Business**
Explanation: _____

☐ **Attendance at professional meeting**
Explanation: _____

☐ **Other:** _____

Should there not be enough earned leave to cover the above absences, I understand that the time will be recorded as leave without pay and the appropriate amount deducted from my pay.

_____ Employee Signature	_____ Date	
_____ Department Chair Name (please print)	_____ Department Chair Signature	_____ Date
_____ Dean Name (please print)	_____ Dean Signature	_____ Date

Provision for classes:

Course: _____ **Day/Hour:** _____

Covered by: _____

Course: _____ **Day/Hour:** _____

Covered by: _____

Course: _____ **Day/Hour:** _____

Covered by: _____