

**KUTZTOWN UNIVERSITY  
REQUEST/REPORT OF ABSENCE FOR FACULTY**

**NAME:** \_\_\_\_\_ **PERSONNEL NO:** \_\_\_\_\_

**DATES OF ABSENCE:** \_\_\_\_\_

**Reason (be specific):**

<input type="checkbox"/> Sick	Duration in days: _____	
<input type="checkbox"/> Sick Bereavement	Duration in days: _____	Relationship: _____
<input type="checkbox"/> Sick Family	Duration in days: _____	Relationship: _____
<input type="checkbox"/> Personal	Duration in days: _____	

☐ **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:** \_\_\_\_\_ **Using 25% flex for face-to-face course**  
**Covered by:** \_\_\_\_\_  
\_\_\_\_\_

**Course:** \_\_\_\_\_ **Day/Hour:** \_\_\_\_\_ **Using 25% flex for face-to-face course**  
**Covered by:** \_\_\_\_\_  
\_\_\_\_\_

**Course:** \_\_\_\_\_ **Day/Hour:** \_\_\_\_\_ **Using 25% flex for face-to-face course**  
**Covered by:** \_\_\_\_\_  
\_\_\_\_\_

*Note: Students must receive written notification of any flex modality change to the course schedule.*