

**FRANCES PAYNE BOLTON SCHOOL OF NURSING
REQUEST FOR & REPORT OF ABSENCE: FACULTY**

Name:

Date of Request or Report:

Inclusive date(s) of absence:
(include travel time)

From:

To:

Type of Absence (Report of absence is necessary for insurance coverage)

Professional activity (Indicate nature of activity)

If professional activity, what account will be paying the expenses?

Account number

Account name

Income Protection (formerly sick leave)

Explain:

Annual vacation (available for 12-month contract only)

Other (indicate reason for request)

How are you planning to cover your teaching and/or other responsibilities at the school?

Address, telephone, and fax where you may be reached during above absence:

Signatures: Approval for professional travel does not automatically provide for payment of said travel. An account number must be supplied and authorized for payment of professional travel.

Associate Dean, Program Director, or other applicable faculty supervisor approval

Absence Approved: Yes No

Program Director or PI (where appropriate)

Date

APPROVAL FOR DEAN KERR ONLY

Absence Approved: Yes No

Mary E. Kerr, Dean

Date