

**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

Annual Vacation (available for 12-month contract only)

International Travel. Explain:

Income Protection (formerly Sick Leave). Explain:

Other. Indicate reason for request:

How are you planning to cover your teaching and/or other responsibilities at the school? Please include the 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 HICKMAN ONLY**

Absence Approved:    **Yes**                      **No**

\_\_\_\_\_  
Ronald Hickman, Dean

\_\_\_\_\_  
Date