

**UNIVERSITY OF EASTERN AFRICA, BARATON  
FACULTY ABSENCE FROM CAMPUS  
REQUEST FORM**

NAME ..... DEPARTMENT .....

DEPARTURE DATE ..... TIME ..... DESTINATION .....

CONTACT ADDRESS ..... TELEPHONE NO .....

EXPECTED RETURN DATE ..... TIME.....

REASON (TICK WHICHEVER IS APPLICABLE):

- OFFICIAL (STATE) .....
- OTHER (STATE) .....
- PERSONAL

IF CLASSES ARE TO BE MISSED, INDICATE ARRANGEMENTS FOR THEM:

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 .....  
 .....

.....  
 Signature, Individual Faculty      Date      Signature, Chairperson      Date

.....  
 Signature, Dean      Date      Signature, DVC      Date

**SIGNATURES NEEDED:**

1.    Less than 24 hours    - Chairperson  
      Up to 24 hours        - Chairperson  
      Up to 36 hours        - Chairperson and Dean  
      Up to 48 hours        - Chairperson, Dean and DVC  
      More than 48 hours    - Fill Leave Request Form
2.    The request to the Administrative Board must reach the DVC by 12:00 (noon) on Monday.
3.    With the exception of emergency cases, this form must reach the final appropriate authority 24 hours before the time of departure.
4.    Do not leave until appropriate signature(s) has/have been obtained.

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 For ADBOARD Use Only (When Required)

ADBOARD Action ..... Date .....  
 ADBOARD Secretary ..... Date .....