

FACULTY ABSENCE FROM CAMPUS REQUEST FORM (Revised March 2023)

NAME		DEPARTMENT	
DEPARTURE DATE	TIME	DESTINATION	
CONTACT ADDRESS		TELEPHONE NO:	
EXPECTED RETURN DATE		TIME	
REASONS (TICK WHICHEVER IS AP	PLICABLE):		
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IF CLASSES ARE TO BE MISSED, PLEA	ASE INDICATE THE	ARRANGEMENT THEM:	
		SIGNATURE, CHAIRPERSON	DATE
SIGNATURE, INDIVIDUAL FACULTY	DATE	Sidiviti Ord, Girilia Basoli	DITTE
SIGNATURE, DEAN	DATE	SIGNATURE, HRM	DATE
SIGNATURE, DVC-ACADEMICS	DATE		
SIGNATURES NEEDED:			
LESS THAN 8 WORKING HOURS	- CHAIRPERSON		
8 - 12 WORKING HOURS	- CHAIRPERSON, DEAN, HRM, DVC-ACADEMICS		
13 – 16 WORKING HOURS	- CHAIRPERSON, DEAN, HRM, DVC-ACADEMICS		
MORE THAN 16 WORKING HOURS	- ADMINISTRATIV	E BOARD ACTION	
THE FOLLOWING MUST BE ADHER	ED TO BEFORE LEA	AVING THE CAMPUS	
(1) The request to the Administrativ	e Board must reach	the DVC Academics by 12:00 (noor	ı) on Monday.
(2) With the exception of emergency before the time of departure.	cases, this form mu	st reach the final appropriate author	ority 24 hours
(3) Do not leave until appropriate si	gnature(s) has/have	been obtained.	
FOR ADBOARD, USE ONLY (WHEN R	EQUIRED)		
ADBOARD ACTION		DATE	
ADBOARD SECRETARY		DATE	