



DONNELLY COLLEGE

EST. 1949

Faculty Absence/Leave Notification Form

This form must be submitted if faculty will miss or has missed instructional time in case of emergency or an unplanned personal situation or an absence the Department Director approves as necessary.

This form is required to be submitted at least three (3) days from the date(s) of a planned absence.

Name _____ Email _____

Date(s) of Leave: _____ to _____

Purpose of Leave: _____ sick _____ academic/professional _____ other

If other is selected, please describe the circumstances for your absence (i.e. family emergency, bereavement, jury duty, etc.).

NOTE: For test proctoring – please have a faculty member available at the beginning of the test to answer any questions.

NOTE: To record your absence, please use Paylocity > Request Time Off > select Bereavement, Jury Duty or Emergency Leave

Will you miss class time? _____ Yes, _____ No If yes, list the class(es):

Course 1 title: _____ Course number: _____

Day & Time _____ Location _____

Will the class be cancelled? _____ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will be substituted for the cancelled class.

_____ No. Please identify the Donnelly faculty charged with covering your class and describe the manner for doing so.

Course 2 title: _____ Course number: _____

Day & Time _____ Location _____

Will the class be cancelled? _____ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will be substituted for the cancelled class.

_____ No. Please identify the Donnelly faculty charged with covering your class and describe the manner for doing so.

Course 3 title: _____ Course number: _____

Day & Time _____ Location _____

Will the class be cancelled? _____ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute for the cancelled class.

_____ No. Please identify the Donnelly faculty charged with covering your class and describe the manner for doing so.

Course 4 title: _____ Course number: _____

Day & Time _____ Location _____

Will the class be cancelled? _____ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute for the cancelled class.

_____ No. Please identify the Donnelly faculty charged with covering your class and describe the manner for doing so.

By signing this document, I acknowledge that absenteeism, emergency leave, class time, and office hours are governed by the HLC/Higher Learning Commission, explained in the Faculty Handbook, and Donnelly Employee Handbook. I also acknowledge it is my responsibility to adhere to all such governing documents and procedures.

Faculty member's Signature	Date
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Substitute Instructor Signature	Date
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Department Director Signature	Date
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Dean of the College signature	Date
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PLEASE SUBMIT THIS FORM WITH YOUR SIGNATURE & THE SUBSTITUE INSTRUCTOR'S SIGNATURE TO YOUR DEPARTMENT DIRECTOR.