



ACADEMIC AFFAIRS  
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**MEMORANDUM**

**DATE:** March 7, 2017  
**TO:** College Deans  
**FROM:** Gary W. Perry  
Provost and Vice President for Academic Affairs  
**RE:** **Faculty Absence Notification/Leave Request Form**

A handwritten signature in black ink, appearing to read 'G. Perry', is written over the 'FROM' line of the memorandum.

Regular 9-month faculty appointments begin in August and end in May. Over the course of a fall or spring semester, faculty members may need to travel or take leave time for any number of personal reasons. Likely, professional development opportunities, such as conferences or seminars, may require the faculty member to miss regularly assigned duties, such as instructional or service obligations. Academic-year employees, appointed for 9 months or less, do not earn annual leave, but all full-time faculty members earn 4 hours of sick leave during each biweekly pay period, without limitation as to the total number of hours that may be accrued.

In order to ensure proper coverage of instructional duties, faculty members who will be absent or plan to take leave will need to complete the Faculty Absence Notification/Leave Request form. All completed and approved forms will need to be uploaded to Workday. Please forward a copy of the completed form to Michele Hawkins, Vice Provost for Academic Affairs.

cc: Michele Hawkins, Vice Provost for Academic Affairs



Faculty Absence Notification/Leave Request Form

This form must be submitted if faculty will miss instructional time, designated office hours or University/Department meetings. In case of emergency, the form shall be submitted no less than three (3) days from the date(s) of absence.

Name \_\_\_\_\_ Z# \_\_\_\_\_

College \_\_\_\_\_

Date(s) of Requested Leave: \_\_\_\_\_ to \_\_\_\_\_

Purpose of Requested Leave: \_\_\_\_\_ sick \_\_\_\_\_ academic/professional \_\_\_\_\_ other

If the leave is for academic/professional purposes, please provide a brief statement regarding the value to (a) your professional/academic development and (b) Department/College and University community. \_\_\_\_\_

\*\*Faculty may be required to provide copies of the seminar or conference materials upon returning to work. \*\*

If other is selected, please identify in detail the extraordinary circumstances for your requested leave (i.e. bereavement, jury duty, etc.). \_\_\_\_\_

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

Course 1 title: \_\_\_\_\_ Course number: \_\_\_\_\_

Was the class cancelled?

\_\_\_ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. \_\_\_\_\_

\_\_\_ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. \_\_\_\_\_

\_\_\_\_\_

Course 2 title: \_\_\_\_\_ Course number: \_\_\_\_\_

Was the class cancelled?

\_\_\_ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. \_\_\_\_\_

\_\_\_\_\_

Course 3 title: \_\_\_\_\_ Course number: \_\_\_\_\_

Was the class cancelled?

\_\_\_ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. \_\_\_\_\_

\_\_\_\_\_

Course 4 title: \_\_\_\_\_ Course number: \_\_\_\_\_

Was the class cancelled?

\_\_\_ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. \_\_\_\_\_

\_\_\_\_\_

Course 5 title: \_\_\_\_\_

Course number: \_\_\_\_\_

Was the class cancelled?

\_\_\_ Yes. Please explain when the class time will be made up or otherwise identify the activity or assignment which will substitute the cancelled class. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ No. Please identify the FAU faculty charged with covering your class and describe the manner for doing so. \_\_\_\_\_  
\_\_\_\_\_

*I acknowledge that absenteeism, leave, class time, and office hours are governed by the CBA, Faculty Handbook, FAU personnel policies, and Provost's Memoranda. If travel is associated with the requested absence, the Travel Authorization Request (TAR) procedure applies as well. I also acknowledge it is my responsibility to adhere to all such governing documents and procedures. I also understand that any time off must be requested through my Workday account in advance of the absence taking place.*

\_\_\_\_\_  
Faculty member's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
approved

\_\_\_\_\_  
disapproved

\_\_\_\_\_  
Dean's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
approved

\_\_\_\_\_  
disapproved

*Once this form is approved, the faculty member or HR Partner (in the department or college) must upload this form to the documents tab in Workday.*