



AUTHORIZATION FOR PLANNED FACULTY ABSENCE

Faculty members who wish to be absent from the campus during their regular duties at the College, which includes class time and periods of availability, are required to complete an "Authorization for Planned Faculty Absence Form" and obtain approval from their program deans.

The Program Dean can authorize up to one week of absence during teaching and non-teaching time. If the planned absence is more than one week, or is during the first week of semester classes, the faculty member is required to obtain approval from the Academic Dean.

IMPORTANT NOTE: Faculty who are on medical leave **are not** eligible for a planned faculty absence.

REQUEST FOR PLANNED FACULTY ABSENCE		
Employee #:	Name:	Department:
		 #:
I am requesting authorization to		
<input type="checkbox"/> Attend a Professional Development Activity		
<input type="checkbox"/> Change my vacation / availability		
<input type="checkbox"/> Have a leave for personal reasons		
<input type="checkbox"/> Teach/work elsewhere (a separate request must be submitted every semester). A schedule shall be provided indicating hours of absence including travel time.		
<input type="checkbox"/> Other reason: Be absent for another situation that requires an absence during normal work hours and/ or hours of availability. Indicate total number of hours to be absent from JAC.		
Specify: _____		
Start date: _____	End date: _____	
Details of absence		

COMPLETE IF

ABSENCE DURING A TEACHING PERIOD:

Indicate if this will be covered by: Replacement

Name of Teacher(s) replacing:

_____ Date: _____

ABSENCE OUTSIDE OF A TEACHING PERIOD:

Absence to be made up From: _____ To: _____

ABSENCE OF DEPARTMENT CHAIRPERSON:

The following faculty member(s) has (have) agreed to be the contact person (s) for department matters during my absence:

DEPARTMENT ASSURANCE

I have given my Chair contact information, so that I can be reached by phone or e-mail during my absence. The department has been advised by the teacher how the course material will be adequately covered by the teacher's replacement. The Department has ensured that the quality and content of the teacher's courses will be maintained.

*Signature of Chair: _____ Date: _____

*Faculty Signature: _____ Date: _____

Authorization / Approvals

*Program Dean: _____ Date: _____

Academic Dean: _____ Date: _____
Signature as required

*Chair, Faculty & Program Dean signatures mandatory