

MONTCLAIR STATE UNIVERSITY

Montclair, New Jersey

REQUEST FOR APPROVED ABSENCE

For Faculty Use

(to attend meetings or conferences requiring absence from campus)

Name _____ Date _____

Department _____ College/School _____

Date (s) of expected absence _____

Name of organization or group _____

Nature of participation (attending, speaking, etc.)

Other appropriate information

Arrangements for classes: **A FACULTY MEMBER SHOULD COVER CLASSES.**

Class	Date	Time	Covered by
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Signatures:

Applicant	Date
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Department Chair	Date
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Dean	Date
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* If absence involves travel, please attach a travel request form. Distribution after approval: Personnel Services