

ADJUNCT INSTRUCTION ABSENCE FORM

INSTRUCTOR		FACULTY ID #	
Course & Section Missed <i>(example: ENG 131.03)</i>	Term	Total Instruction Hours of Absence <i>(Example 1.5 hrs)</i>	Location
Date of Absence			
Is this your first absence of the term? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Each adjunct instructor will be permitted one absence per/term for extenuating circumstances, in which he/she will not be penalized by loss of compensation for that cancellation. The permitted absence is one per/term.			
Did you cancel class? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, date College was notified	
Did you have a substitute instructor? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, name of substitute instructor: <i>(Substitute instructor must be approved by the Department Chair; e.g., no relative, student, co-worker, etc.) Please note that the substitute instructor must cover the content required for that class session.</i>	
NOTIFICATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT CHAIR	DATE
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Building Information Coordinator or Center Director	DATE
Instructor's Signature:			DATE

APPROVAL and PROCESSING

DEPARTMENT CHAIR APPROVAL SIGNATURE:		DATE
Should a reduction in pay occur	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DEAN'S APPROVAL		DATE

INSTRUCTIONS FOR SUBMISSION: **Instructor:** Forward the completed form to the Department Chair for approval signature. **Department Chair:** Upon departmental approval, forward this form to the Academic Deans' Office.

DISTRIBUTION: Department Chairperson, Academic Dean, Center Director, Adjunct Faculty Administrator, Human Resources

OFFICIAL USE ONLY: Recorded in Colleague? YES NO