

**HOWARD COLLEGE/SWCID
Request to Be Absent from Assigned Schedule**

NAME: _____ DATE: _____

TITLE: _____ DEPARTMENT: _____

Date(s)/Time(s) of Absence: From: _____ To: _____

Reason for Absence: _____

Classes to be missed/Coverage arrangement

Course	Day/Time	Substitute Instructor / Arrangement	Compensation Pay (if any)

Signature _____
 Instructor making request Date

Approved _____
 Division Director Date Campus Dean Date

Approved _____
 Provost

Instructions: This form is to be used by full-time and part-time faculty members. If a faculty member anticipates an absence from any assigned schedule, prior authorization must be received from the Division Director, Campus Dean, and the campus Provost. Any type of personal leave that requires additional compensation pay to the substitute instructor must be approved through the office of the campus Provost.