FACULTY SUBSTITUTION FORM

Instructor's Name:_____ Date:_____

Date of Absence: From _____ To _____

Note: This form is to be completed by faculty members who will be unable to meet scheduled classes due to personal illness, workshops, conferences, or leave. Please check with your colleagues and obtain their agreement to meet your classes, asking them to sign the Faculty Substitution Form next to the name of the course they will meet. Instructions about class activities and assignments should be made available to the substitute at earliest possible date.

THE APPROPRIATE DEPARTMENT & DIVISION CHAIR MUST APPROVE THIS FORM BEFORE THE ABSENCE OF AN INSTRUCTOR IS APPROVED.

Course No. & Sec.	Room	Day(s)	Time(s)	Substitute's Signature

Reason:_____

_____

_____

Department Chair:_____Date:_____

Division Chair:_____Date:_____

cc: (After Approval)

_____Originator _____Division Chair

Form No. 1-235
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