

UC SANTA BARBARA

Department of Music

FACULTY ABSENCE REQUEST FORM

Please complete and Return to Zarah Ersoff

I am requesting to be absent from campus and home during the following dates:

Name:

Today's Date:

Date(s) of Absence:

of days:

Purpose of Absence:

My Contact Address During Absence:

My Contact Telephone Number During Absence:

Emergency Contact Person:

Emergency Telephone Number:

My classes will be covered and/or made up in the following manner:

Comments (attach additional sheets if necessary):

APM AND RED BINDER POLICIES:

<http://www.ucop.edu/academic-personnel-programs/files/apm/apm-700.pdf>

https://ap.ucsb.edu/policies.and.procedures/red.binder/sections/%5B6_01%5D%20Leaves%20of%20Absence.pdf

Approved Denied Chair's Endorsement _____

Chair's Signature

Date