

UC SANTA BARBARA

Department of Music

FACULTY ABSENCE REQUEST FORM

[Please complete and email to Yasmine Ibrahim \(yasmine_ibrahim@ucsb.edu\)](mailto:yasmine_ibrahim@ucsb.edu)

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:

<https://ap.ucsb.edu/policies.and.procedures/red.binder/sections/%5B%201%5D%20Leaves%20of%20Absence.pdf>

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

Approved Denied Chair's Endorsement _____

Chair's Signature

Date