Department of Electrical Engineering & Computer Science

ABSENCE FROM CAMPUS

Please submit this form the week PRECEEDING your absence.

Name: _____ Date: _____

THIS FORM IS FOR ABSENCE FROM CAMPUS FOR 7 DAYS OR LESS

DATE OR DATES ABSENT FROM CAMPUS:

Leave: _____ Time: _____ Return: _____ Time: _____

Destination: _____

_____

_____

Phone: _____/_____-_____

Contact: _____

Purpose: _____

Course(s) you are currently teaching: _____ Date/Time: _____

Course(s) you are currently teaching: _____ Date/Time: _____

How will the class be covered?

_____

_____

_____

_____

_____

_____

_____

_____

NOTE: TRAVEL FOR PERIODS IN **EXCESS OF 7 DAYS IN THE UNITED STATES OR FOR FOREIGN TRAVEL** REQUIRES THE UCI-AP-76 FORM FOUND ON THE ACADEMIC PERSONNEL WEBSITE.

Signature: _____ Date: _____

Signature: _____ Date: _____