**Integrated Faculty Absence Clearance/Leave Form** *(accomplish 2 copies)*

 *(Forward to HRO)*

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 (Name of Faculty) (Rank & Level) (Date Accomplished)

1. Leave Entitlements: Administrators w/ Faculty status are entitled to 15 days VL\*, 15 days SL & 6 days EL. FT Reg and Substitute Faculty with one year of continuous service are entitled to 15 days SL & 6 days EL.

 *\*not applicable for those opting for 3rd Summer Off.*

1. If SL, state nature of illness; if EL, state reason & attach original supporting documents. For SL of 3 or more days, attach the original medical certificate issued by a licensed physician A DAY BEFORE, DURING OR A DAY AFTER SL OCCURRED.

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| **Date** | **Subject** | **Room** | **Schedule**(Days & Time) | **Sub/Make-up Schedule**(Venue, Date, Time) | **Reason for absence** |
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***VERIFICATION:***

 Absent Not Absent Late Early Dismissal

***RECOMMENDATION:***

 Vacation Leave Emergency Leave: *(Supporting docs)* \_\_\_\_\_\_\_\_\_\_\_\_\_ Sick Leave: *(Nature of Illness)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Unexcused Absence Official Leave: *(Nature of Activity)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deduction should be made: *\_\_\_\_ hrs*

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Faculty Signature Chair Dean

*Copies: Dean, HRO*

*(Please attach additional sheets if the spaces are not enough)*

*(accomplish 2 copies)*

 **Integrated Faculty Absence Clearance/Leave Form**

 *(Forward to HRO)*

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Faculty Signature Chair Dean

*(Please attach additional sheets if the spaces are not enough)*

*Copies: Dean, HRO*