MICHIGAN STATE UNIVERSITY | College of Nursing

FACULTY & ACADEMIC STAFF
ABSENCE FROM THE UNIVERSITY FORM

This form must be completed prior to absence from the university and submitted to the Office of the Associate Dean after Administrative approval is obtained.

1. Faculty Name

2. Dates of Planned Absence –-- Departure Date Return Date

3. Reason for Absence (Check all that apply):

☐ ***I. Professional Responsibility***

Name of Meeting/Conference or Event:

Location - City State

☐ a. Professional Meeting (*Complete supporting information)
☐ b. Presentation (*Complete supporting information)
☐ c. Consultation
☐ d. Peer Review
☐ e. Teaching /Research/Practice assignment related travel

*Describe how you plan to share information from the conference or presentation with the CON faculty:

☐ ***II. Illness***
☐ ***III. Vacation (annual appointment only)***
☐ ***IV. Work Outside the University***
☐ ***V. Other*** Specify:

4. Emergency Contact Information during Period of Absence:

5. How will your responsibilities in Teaching, Research, Service, Practice, and/or Administrative Duties be covered during the period of absence?

Teaching:

Research:

Service:

Practice:

Administrative Duties:

Faculty Signature Date

Approved By Date