

Faculty Substitution Form

The University recognizes that faculty sometimes need to be away from campus for professional activities or personal emergencies. In order to ensure that all classes are staffed effectively, we ask that the Chair complete this Faculty Substitution Form in advance of a known absence when a Regular Full Time or Regular Pro-Rated Faculty member is substituting pro bono for a colleague.

Forwarding Route: Faculty Member > Division Chair > VP Academic and Research > Academic Affairs Officer

Name of Faculty: _____

Date(s) of classes requested for substitution: _____

Course Code and Title: _____

- One half-day
- Two half-days

Reason for time away from University: _____

Name of recommended Full-Time faculty substitute: _____

Specify what the faculty will do: _____

Approval:

Division Chair/Director _____ Date: _____

VP Academic & Research _____ Date: _____