

# R·I·T School of Design

College of Imaging Arts and Sciences • Rochester Institute of Technology

## Faculty/Staff Request for Absence

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Faculty

Staff

**Reason for leave request:** *(describe briefly why you are requesting to be absent)*

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**Course Coverage:** *(How will your courses be covered?)*

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**Phone Number at which you can be reached:** *(Required by RIT Policy when absent during academic year)*

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**FACULTY:** List the Course(s) which are affected by this request

Course Name	Course #	Date	Time	Bldg/Room#

\_\_\_\_\_  
*Chairperson's Approval*

\_\_\_\_\_  
*Date*

*Notes:*

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