## KINGSBOROUGH COMMUNITY COLLEGE OF THE CITY UNIVERSITY OF NEW YORK **REPORT OF ABSENCE**

DATE	BSENCE		
Name:	Title:	Dept	
Anticipated Length of Absence: From:		To:	

Type and Reason:\_\_\_\_\_

## TO BE COMPLETED BY CHAIRPERSON/SUPERVISOR

Day of Week	Classes and/or Duties	# of Hours	Name of Substitute	Notice of Cancellation	Chair's Initials

## PLEASE FORWARD GREEN COPY TO HUMAN RESOURCES OFFICE IMMEDIATELY

## To Be Completed Upon Absentee's Return to Duties

First Date of Absence \_\_\_\_\_

\_\_\_\_\_ Date of Return: \_\_\_\_

Total Days Absent \_\_\_\_\_

Signature of Faculty Member

\_\_\_\_\_

Date

Signature of Vice President

Date

Distribution

 White Copy:
 Office of Human Resources (with signatures)

 Unsigned Copy:
 Human Resources (Igor Stesin and Margaret Belizaire)

 Copy to:
 Department Chairperson, Faculty Member