## JACKSON STATE UNIVERSITY JACKSON, MISSISSIPPI

Date:

## INSTRUCTOR'S PROPOSED ARRANGEMENTS DURING ABSENCE FROM CLASSES

I request ap	proval to be abs	ent from classes on th	e following date(s):
	Dates		Reason
During this	time, the classe	s which I teach will be	e provided for as follows:
CLASS	DAY(S)	PERIOD (TIME)	PERSON IN CHARGE
Special acti	vities to be imp	lemented during my al	osences are included below:
Attached is	a copy of outlir	nes of work to be done	during my absence.
Additional 1	emarks.		
Signed			Approved Department Chair
υ	Instructo	or	Department Chair
Approved _			
	De	ап	

This form is to be completed by instructors who propose to be absent from classes one or more days. Failure to properly file this form with the Dean <u>one</u> week before the absence will automatically result in a salary deduction.