

## AUTHORIZATION FOR PLANNED FACULTY ABSENCE

### GUIDELINES

Faculty members who wish to be absent from the campus during their regular duties at the College during their availability time, **for FPDC-approved professional development activities or for activities covered by the collective agreement that are planned in advance** need to advise their Program Dean by submitting a completed Planned Faculty Absence Form.

- Funded Professional development activity** - I advise the program Dean of the dates of my absence
- Activity covered under collective agreement** - I advise the Program Dean of my absence (article 5-9.00 or another article in the collective agreement)

Faculty members who wish to be absent from their regular College duties during their availability time for **professional development activities that have not been funded by FPDC or for personal reasons beyond those covered in the collective agreement** must seek authorization from their Program Dean by submitting a completed Planned Faculty Absence Form.

- Non-funded Professional development activity** - I request authorization from the Program Dean to be absent
- Other** - I request authorization from the Program Dean to be absent for personal reasons not specifically covered by the collective agreement

The program Dean can authorize up to one week of absence during teaching and non-teaching time. If the planned absence is **more than one week**, or is **during the first week of semester classes**, the Program Dean must obtain approval from the Academic Dean.

**NAME:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Home phone/cell number:** \_\_\_\_\_

**PROPOSED DATES OF ABSENCE:** \_\_\_\_\_

Details of absence:

#### **FOR ABSENCES DURING A TEACHING TIME:**

- I have advised the department chairperson of how course material will be adequately covered or of my replacement. No student will be penalized.

#### **DEPARTMENTAL ASSURANCE**

The Department has been advised by the teacher how the course material will be adequately covered or of the teacher's replacement. The Department has ensured that the quality and content of the teacher's courses will be maintained.

Signature of Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ABSENCES OUTSIDE A TEACHING PERIOD:**

I have given my Chair contact information, so that I can be reached by phone or e-mail during my absence

Signature of Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**ABSENCE OF DEPARTMENT CHAIRPERSON**

The following faculty member(s) has (have) agreed to be the contact person(s) for department matters during my absence:

\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL**

**Program Dean's signature:**

\_\_\_\_\_

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

**Academic Dean's signature:**  
(if required)

\_\_\_\_\_

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