

COLLEGE OF ARCHITECTURE
FACULTY/DIRECTOR ABSENCE FROM CAMPUS/CLASS REQUEST FORM

To: _____ (Director or College Dean)
From: _____ Division _____ Date _____

Please State Reason for Absence Below Followed by One of the Following Codes If Applicable: **CON=Conference**, **FT=Field Trip**, **JUR=Jury Duty**, **XSL=Extended Sick Leave**, **Other=Please Explain**, **SPL=Paid Leave (Dean/Directors only)**

_____ CODE: _____

Departure Date: _____ Return Date: _____

Destination: _____

Emergency Contact: _____ Telephone: _____

***Field Trip:** Please complete emergency contact information for everyone on trip and fill out Vehicle Rental Request if applicable. Students who opt to drive personal vehicles Must Sign OU Disclaimer. Leave all emergency contact and disclaimer form(s) at front desk prior to departure.

****Field Trip/Conference:** If you need reimbursement for this trip fill out either a U.S. or International Travel Authorization Request Form and get all appropriate approvals for Total Expenses and Account Number to charge your expenses prior to departure.

****Upon Return:** Attach original receipts to approved College Travel Expense Reimbursement Form for processing.

Class(es) Missed: _____ Substitute: _____

_____ Substitute: _____

_____ Substitute: _____

DEANS/DIRECTORS ONLY*

Person You Have Delegated Authority To In Your Absence: _____

**Please Attach a Copy of this Form to your Monthly Leave Report*

APPROVED: _____

DIRECTOR/DEAN

DATE

CC: Front Desk, College Office