



Faculty Class Absence Request

Faculty Member Name: _____

Date(s) of Requested Absence: _____

Course Code: _____ Course Title: _____

Day: _____ Time: _____ Term or Cohort: _____

Reason for absence: _____

Faculty Member Instructing Class on above dates: _____
(name)

Instructor's signature: _____
(signature) (date)

I, _____, agree to instruct _____, on
(name) (Course # & Title)
the date(s) as noted above.

Instructor's signature: _____
(signature) (date)

In the case of an adjunct staff member who agrees to substitute for an entire class session, it is understood that the rate of remuneration from the grid below will be paid. This remuneration is deducted from an adjunct instructor's pay in the pay period following the absence. This form will act as an invoice for such payment and must be submitted for approval by your Department Chair or Dean prior to the date of the absence with the required signatures.

Approved: _____
(signature) (date)

<u>Delivery Method</u>	<u>Rate of Remuneration</u>
LEAD	\$185 per class session (for courses that meet once weekly)
Pre-LEAD	\$175 per class session (for courses that meet once weekly)
Traditional	\$175 per class session (for courses that meet once weekly)
BLEND	\$175 per class session (for courses that meet once weekly)
ESL	\$75 per class session (for courses that meet 3 sessions weekly)