Please fill out the information below and return to the Chair’s office in 5E-106A.

<table>
<thead>
<tr>
<th>NAME:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE LEAVING:</td>
<td>TIME:</td>
</tr>
<tr>
<td>DATE RETURNING:</td>
<td>TIME:</td>
</tr>
<tr>
<td>TOTAL # OF WORK DAYS ABSENT:</td>
<td></td>
</tr>
</tbody>
</table>

Please check reason for absence:

<table>
<thead>
<tr>
<th>VACATION__________</th>
<th>(Please state reasons for absence):</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER__________</td>
<td>(Please state reasons for absence):</td>
</tr>
<tr>
<td>Meetings</td>
<td>(Telephone #, address, other)</td>
</tr>
<tr>
<td>Sick (Medical Appts. or illness)</td>
<td></td>
</tr>
<tr>
<td>Jury Duty</td>
<td></td>
</tr>
</tbody>
</table>

**IN CASE OF EMERGENCY, I CAN BE CONTACTED AT:**

Student Signature

Date

Supervisor Approval

Date