

BERRY COLLEGE

EVANS SCHOOL OF HUMANITIES, ARTS AND SOCIAL SCIENCES
Absence and Class Coverage Form
(DUE AT LEAST ONE WEEK PRIOR TO TRAVEL)

Employee Name:

Dept. Name:

Class(es) to be missed with dates and times:

Reason for absence:

Please describe alternative plans for coverage class(es) missed:

Contact phone number while traveling:

PRINT THIS FORM AND SIGN:

Employee: _____ Date: _____

Approved:

Chair/Director: _____ Date: _____

Dean: _____ Date: _____