

**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: \_\_\_\_\_