

Memorial University of Newfoundland

Notification of Absence from Campus

Name: _____

Department: _____

Absence Start Date: _____

Absence End Date (inclusive): _____

Reason for Absence					Number of days of vacation
Conference	Research	Vacation	Other		

If not vacation, please provide details:

The following arrangements have been made for my teaching obligations:

The following arrangements have been made for my student supervisions; ie whom to contact in case of emergency:

My students have been notified of whom to contact with questions or in case of emergency:
If not, why?

Signature of Academic Staff Member	Date
Noted by Associate Dean/Department Head	Date
Noted by Dean/Director	Date