

Culverhouse College of Commerce
COVERAGE APPROVAL FORM

This form should be submitted any time you will be missing regularly scheduled classes or other responsibilities. With the exception of emergencies, the form should be submitted a minimum of two weeks prior to your absence.

Faculty Member Name: _____

1. I request approval to be absent from teaching or other assigned responsibilities on (Date(s) of Absence):

2. Reason for absence:

3. The absence will result in my not meeting the following regularly scheduled classes (include all dates and times) and other assigned responsibilities:

4. The following arrangements are planned for covering my classes and other duties:

Faculty/Staff Member Signature

Department Head/Director Signature

Date

Date