



CALIFORNIA STATE UNIVERSITY, LONG BEACH
OFFICE OF ACADEMIC AFFAIRS

January 28, 2009

To: Department Chairs

From: Holly Harbinger

A handwritten signature in cursive script that reads "Holly Harbinger".

Associate Vice President for Academic Personnel

Subject: Absence from Class/Class Cancellation Form

This is a reminder that a faculty member's absence from class for any reason is to be reported to the Department Chair. Absence from class for reasons other than illness or emergency requires prior permission from the Chair. Informal voluntary substitution by a University colleague is permissible, subject to the approval of the Department Chair in advance. Classes should be canceled only in exceptional circumstances, and normally appropriate alternative assignment/activities should be provided.

Faculty members must report any absence from class on the enclosed *Notice of Absence from Class/Class Cancellation* form. Please notify all faculty in your department of this requirement, and ensure that copies of the form are available in the Department office.

Thank you for your help in this matter.

xc: Deans
Associate Deans

THIS FORM FOR DEPARTMENTAL USE ONLY

NOTICE OF ABSENCE FROM CLASS/CLASS CANCELLATION *

Absence from class for any reason should be reported on this form. Absence from class for reasons other than illness or emergency requires prior permission from the Department Chair. Informal voluntary substitution by a University colleague is permissible, but the Chair should be notified in advance. Classes should be canceled only in exceptional circumstances, and normally appropriate alternative assignments/activities should be provided.

Please complete the following information and submit this form to the Department Chair as early as possible before the anticipated absence from class, or as soon thereafter as possible, if absence was due to illness or emergency.

Name _____

Class _____

Date(s) of Absence _____

Reason for Absence

Arrangement for Class(es) Missed (Name of Substitute OR Alternative Assignments/Activities, if applicable):

Signature _____

Date _____

Received by Chair (Signature) _____

Date _____

*** This form is not required for use of personal holiday that is taken upon mutual agreement of the faculty member and appropriate administrator. In cases of absence involving University-related travel, this form is not a substitute for the standard travel authorization form.**