LAKE SUPERIOR
STATE UNIVERSITY

FACULTY APPLICATION FOR APPROVED ABSENCE

Date:_____

Name: _____   School:_____

Absence from work starts: **Return to work begins:**

TIME	MONTH	DAY	YEAR		TIME	MONTH	DAY	YEAR

This absence of _____ hours   **work days is properly chargeable to:**

Sick Leave	❏	Leave of Absence Without Pay	❏
Professional Conference	❏	Personal Leave Day	❏
*Travel on University Business	❏	Other	❏

Reason for absence: _____

_____

Destination: _____

Arrangements for professional responsibilities scheduled during this absence:

Class	Time	Day/Date	Substitute Instructor/Other Arrangements

Special Conditions: _____

_____

_____

If travel on university business, amount of estimated travel expense: $_____

Amount(s) properly chargeable to the following source(s) of funds: _____

Faculty Signature: _____   Date:_____

Dean Signature: _____   Date:_____

Please attach LSSU Employee Travel Expense Voucher for travel reimbursement if applicable.