



HAIGAZIAN UNIVERSITY
FACULTY ABSENCE FORM

Name of Faculty Member: _____

Date(s) of Absence: _____

Reason for Absence: _____

Details of Make-up Session(s):

| No. of course missed | No. of sessions missed | Location | Date & Time of Make-up Session(s) | Suggested Substitute Name & Tel. |
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Signature of Faculty Member

Signature of Chairperson

Signature of Dean

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* Failure to submit this form to the Dean's Office will result in an automatic salary deduction at the end of the semester.