



K-State | **The Department of Art**

**Faculty/Instructor of
Record/GTA
Leave Request**

Name: _____

Course Name/#: _____

Meeting Days/Time: _____

Building/Room: _____

Date(s) Missing/Missed Class: _____

Reason for Absence: _____

*Please indicate arrangements
made for classes/students:*

Substitute(s) Name: _____

Contact information: _____

or

Class Rescheduling (Days/Times):

or

Other:

Requester Signature _____

Date:

**Submit to the appropriate Area Coordinator two weeks prior to absence.
It is not an approved absence unless you have received a copy of this form
back with all signatures.**

Area Coordinator Signature _____

Date:

Department Head Signature _____

Date: