

NORTHWESTERN OKLAHOMA STATE UNIVERSITY
PROFESSIONAL/FACULTY REPORT OF SICK LEAVE, ANNUAL LEAVE, OR SPECIAL LEAVE

From _____
(Name)

Today's Date _____

1. **Date of Absence** _____
(Please Check One) (Date or Dates of Absences)

- A. Because of illness or doctor's appointment (for yourself or family member)
- B. Because of annual leave (not applicable to faculty)
- C. Because of special leave (*brief explanation*) _____

- D. Because of personal leave (faculty only)

2. **Report of Classes Missed (faculty only)**

Dates	Classes Missed	Arrangements for Classes

Approved _____
(School Dean/Supervisor)

_____ (Department Chair - faculty only)

(Date)

(Date)