



**NORTHERN OKLAHOMA COLLEGE
FACULTY
ABSENCE REPORT FORM**

For SICK LEAVE, this form must be completed by the date of your return. Illness or incapacity which extends beyond a brief period of work days may, at times, need certification from the physician. A physician's release to work form may be requested from you for documentation purposes.
If requesting BEREAVEMENT LEAVE, it must be approved by the President, according to NOC's policy.
When complete, please return this form to the Payroll Officer.

Name: _____ Position: _____

BEGINNING DATE OF ABSENCE: _____ LAST DATE OF ABSENCE: _____

TOTAL HOURS ABSENT: _____ (# OF HOURS)

REASONS FOR ABSENCE: (check one)

_____ SICK LEAVE

_____ BEREAVEMENT LEAVE - Please identify relation of deceased (i.e. mother, father, sister, act.)

PROVISIONS FOR CLASS COVERAGE (LIST CLASSES MISSED AND PROVISIONS FOR EACH):

FACULTY MEMBER'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

*PRESIDENT'S APPROVAL (only required for BEREAVEMENT LEAVE): _____

(Note: Supervisor's signature should be provided by Division Chair for Tonkawa faculty, by Campus Vice President for Enid and Stillwater faculty, and by Dean of Instruction for Division Chairs.)