

# FACULTY OFF-CAMPUS REQUEST

Complete this form in the event of any planned absence, including school-sponsored activities, retreats, athletic competitions, etc. Please submit it to the VP of Instruction with as much advance notice as possible.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

*Full Day* \_\_\_\_\_

*Partial Day* \_\_\_\_\_ *If applicable, TIME OUT* \_\_\_\_\_ *TIME IN* \_\_\_\_\_

Circle the period(s) you will need a substitute:

**BLUE DAY: 1 2 3 4**

**GOLD DAY: 5 6 7**

**7 PERIOD DAY: 5 6 7 1 2 3 4**

Reason for Absence:

\_\_\_\_\_ **ND sponsored or approved activity**  
**Please describe the activity in which you will be engaged.**

\_\_\_\_\_ **Personal**  
**Please indicate the reason.**

Approved by: \_\_\_\_\_  
Vice Principal of Instruction

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal (if necessary)

\_\_\_\_\_  
Date