

**University of Manitoba
School of Art**

Professional Absence Request Form

Submit this form to the Office of the Director 10 working days in advance of the date of your requested absence.
Please complete all sections of the form.

NAME.....

POSITION.....

REASON FOR ABSENCE: PD Field Trip Conference Exhibition

OTHER.....

Confirmation Attached? (Please attach a letter/email confirmation of level of participation.)

YES NO If no, explain—

DURATION OF REQUESTED ABSENCE (state inclusive dates)

DATE OF RETURN TO WORK

CLASSES MISSED (Include: course #, title, dates, times, locations for each, or attach separate sheet.)

a.....

b.....

c.....

NOTES—

- THE UNIVERSITY OF MANITOBA DOES NOT ALLOW SUB-CONTRACTING.
- ALL STUDENTS MUST BE IN AGREEMENT WHEN A CLASS/APPOINTMENT RE-SCHEDULING IS PROPOSED.

Faculty who substitute are expected to exchange with instructional faculty within the unit. All curriculum-based courses shall be replaced. Self-directed courses where students primarily meet one-on-one with faculty may arrange for a re-scheduled appointment.

Substitution arrangements for **STUDIO COURSES** (Attach a separate sheet with details if necessary.)

—1xxx—4xxx level studio classes will be substituted with a faculty member from the unit who will instruct the curriculum as scheduled in my syllabus.

List course(s) taught by substitute and courses I will exchange in return with them.

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—1xxx—4xxx level studio classes will be rescheduled and taught by myself at the following time(s):
.....
.....

Substitution arrangements for **ART HISTORY COURSES** (Attach a separate sheet with details if necessary.)

—1xxx—4xxx level art history classes will be substituted with a faculty member from the unit who will instruct the curriculum as scheduled in my syllabus.

List course(s) taught by substitute and courses I will exchange in return with them.
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—1xxx—4xxx level art history classes will be rescheduled and taught by myself at the following time(s):
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Signature (substitute instructor).....
By signing this you are agreeing to undertake the substitute teaching as noted above.

DATE.....

Signature (applicant).....
By signing this you are agreeing to undertake the exchange teaching as noted above.

DATE.....

OFFICE OF THE DIRECTOR **DATE RECEIVED.....**

APPROVED..... **NOT APPROVED.....**

Note.....
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