

**THE UNIVERSITY OF WISCONSIN-MILWAUKEE
PECK SCHOOL OF THE ARTS**

ABSENCE FORM

DATE: _____

TO: Scott Emmons, Dean
UWM Peck School of the Arts

FROM: _____

Name/Signature

I am planning to be absent from the University of Wisconsin-Milwaukee on the following dates:

_____ Vacation (12-month employees only)

_____ Scheduled Medical or Sick Leave

_____ Research/Creative Work or Professional Development (Explain)

_____ Other (Explain)

While I am absent I may be reached at: _____

During my absence, my teaching, service, or other departmental responsibilities will be taken care of by: _____

Department Head Date Approved Denied

Dean Date Approved Denied