



RHODES STATE COLLEGE
ABSENCE FROM REGULAR DUTY

PURPOSE:

1. To report time off and reasons for absence.
2. To specify substitute arrangements.
3. To document official absence in event of subsequent claims under Ohio Worker's Compensation

TO BE USED BY:

Administrative, faculty, and professional/technical staff who will be absent from regularly assigned duties.

Name _____ Department _____

will be absent from regular duties as follows:

Begin Leave: Date _____ Time _____

Return to Regular Duty: Date _____ Time _____

- for the purpose of:
- Vacation _____ Hrs.
 - Sick Leave* _____ Hrs.
 - Sick COVID 19* _____ Hrs.
 - College/Professional _____ Hrs.
 - Other _____ Hrs.
 - Leave w/out Pay _____ Hrs.

Explanation: _____

*NOTE: I understand that the time of this sick leave absence will count toward the Family and Medical Leave Act annual 12 week obligation.

During this absence, his/her classes will be taken care of in the following manner:

Course Title	Number	Room#	Day and Time	Temporary Arrangement

Other responsibilities will be taken care of in the following manner: _____

ID #: _____

Signature _____

Date _____

The above arrangement has my approval.

Supervisor

Date