

UNIVERSITY OF NEBRASKA-LINCOLN
MEMORANDUM OF ABSENCE

Name of Person Making Request: _____

Request Date: _____

Activity Information:

Dates of Absence _____ through _____

_____ Professional Travel

_____ Personal Travel

Purpose of Professional Absence:

Address/Phone and other contact information during absence:

Person covering your duties and responsibilities; including teaching obligations
and lab during absence:

Signature of Requestor

Date

Chair's Approval

Date