

UNIVERSITY OF NEBRASKA-LINCOLN
MEMORANDUM OF ABSENCE

Name of Person Making Request

Date

Activity Information:

Dates of Absence: _____ through _____

_____ Professional Travel

_____ Personal Travel

Purpose of professional absence: _____

Address/Phone or other contact information during absence:

Person covering your duties and responsibilities (including teaching obligations) during absence:

Signature of Requestor

Date

Chair's Approval

Date