COLLEGE



REMINDERS

FACULTY NAME

FACULTY ATTENDANCE FORM

ABSENCE(S) INCURRED					MAKE UP SCHEDULE			
COURSE	SECTION	ROOM	DATE	TIME	DATE	:	TIME	ROOM / ANIMO SPACE
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COURSE	SECTION	ROOM	DATE TIME		SUBSTITUTE FACULTY		ID NUMBER	
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T – Room Transi C – Alternative C	fer C	T – Change of Time T – Field Trip ORIGINAL S	OCS -	Online Class - S			NEW SCHE	DULE ROOM /

ID NUMBER

DEPARTMENT

- Upload this form <u>here</u> together with the email trail of approvals from the Chair, and for late or same day submission, also from the Dean.
 For reference, please see "Primer on Faculty Attendance" here.

NAME OF CHAIR (please obtain email approval, no signatures required)

NAME OF DEAN (please obtain email approval, no signatures required)

Revised 24 July 2023