

**NORTHERN ARIZONA UNIVERSITY  
RECORD OF ABSENCE**

**This form must be completed and presented personally to the appropriate  
department head/ manager in sufficient time for proper action.**

Date \_\_\_\_\_  Administrator  Professional  
NAU ID \_\_\_\_\_  Faculty  Classified Staff  
Name \_\_\_\_\_ Department **Psychology**  
Date(s) of Absence \_\_\_\_\_

Vacation  HOURS  
Whole or tenths of hours ONLY  
 Sick  HOURS

Comments \_\_\_\_\_

Bereavement Leave  DAYS  
(In-state 3 days/ Out-of-state 5 days)  
 University Business  DAYS

Reason for absence \_\_\_\_\_  
Destination \_\_\_\_\_  
Date and time of departure \_\_\_\_\_  
Date and time of return \_\_\_\_\_

FACULTY ONLY: THIS TRIP THIS SEMESTER  
Days missed (Excluding Sat., Sun., Holidays) \_\_\_\_\_  
Provision for class(es) during absence: \_\_\_\_\_

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Leave Without Pay  HOURS

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Compensatory Time Off  HOURS

Non-exempt Classified Staff Employees only

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SIGNATURES:

\_\_\_\_\_  
Employee

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Department Head/ Supervisor/ Manager

\_\_\_\_\_  
Dean/ Director