

CLASS COVERAGE FORM

KINESIOLOGY, RECREATION, AND SPORT STUDIES
(FORM MUST BE APPROVED 1 WEEK PRIOR TO PROPOSED LEAVE)

Traveler NAME: _____ DATE: _____

PROPOSED DATES AWAY FROM CLASS/OFFICE: _____

HAS TRAVEL AUTHORIZATION FORM BEEN APPROVED? YES NO

WAS TRAVEL FUNDING REQUESTED FOR THE TRAVEL? YES NO

CLASSES TO BE MISSED

| CLASS | DAY | TIME | PLANS FOR COVERING CLASS (OTHER FACULTY, INSTRUCTOR, GTA, OUTSIDE PROJECT, ETC.) *PLEASE PROVIDE A NAME IF APPLICABLE* |
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REASON FOR BEING AWAY FROM CLASS/OFFICE: (Please list complete details. If reason is for travel, give complete travel information. Include: conference name, reason, date, place).

Traveler Signature: _____ Date: _____

Department Head
Signature/Approval: _____ Date: _____