School of Biological and Population Health Sciences
Off Campus Service Application Form

DIRECTIONS: This form is to be completed by anyone who will be away from campus and absent from a scheduled office hour or class. Please give at least four days notification. If you have any responsibility in the PAC Program, this form is returned to the Coordinator of the PAC Program in 123 Langton. If you have no PAC responsibility, the form is returned to the Co-Director in 101 Milam.

NAME: __________________________ DATE: __________________________

I will be away from campus on the date(s) stated below in order to:

I shall be away from:

(Day) (Date) (Time)

to:

(Day) (Date) (Time)

During my absence, the following arrangements have been made for my class(es):

<table>
<thead>
<tr>
<th>Class</th>
<th>Day &amp; Time</th>
<th>Arrangement</th>
</tr>
</thead>
</table>

Please see second sheet

Additional Information (if the sub is not someone readily known by the department, please give contact information for them):

Please indicated where you can be reached in case of emergency:

Address/Location          Phone

Approved by:

Co-Director, BPHS          Coordinator, Physical Activity Course Program

Note: Out-of-State Travel Request must be filed with the School or College at least one month in advance. See the College Accountant for form.