HONOLULU COMMUNITY COLLEGE

REQUEST FOR ABSENCE DURING NON-INSTRUCTIONAL DUTY PERIOD, BETWEEN SEMESTERS & SPRING RECESS (INCLUDES PERSONAL TRAVEL)

9-Month Faculty

Instructor: _____ Office: _____ Ext: _____

Department: _____

Check one in each section

1. Later "Make up" days
   No make up days—see justification
2. Out of State

Days of (requested) absence:

From: _____, _____ to _____, _____
Day Date Day Date

Absence is during (check one):
Excellence in Ed Day Thanksgiving Winter Break Spring Break

Total number of working days: _____

Justification: _____

(Requested) Make up days (must be prior to the beginning of the faculty duty period for the following Fall semester):

From: _____, _____ to _____, _____
Day Date Day Date

Duties: _____

	_____ Instructor	_____ Date
Recommend: Approval/Non Approval	_____ Division Chairperson	_____ Date
Recommend: Approval/Non Approval	_____ Dean	_____ Date
Recommend: Approval/Non Approval	_____ Vice Chancellor of Academic Affairs	_____ Date
Approved/Not Approved	_____ Chancellor	_____ Date