

**UNIVERSITY OF NEBRASKA-LINCOLN
COLLEGE OF EDUCATION & HUMAN SCIENCES
MEMORANDUM OF ABSENCE**

Name of Person Making Request _____

Date _____

Dates of Absence: _____ through _____

- | | |
|---|---|
| <input type="checkbox"/> Professional Travel | <input type="checkbox"/> Civil (jury) |
| <input type="checkbox"/> Personal Travel | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Non ESS Leave (Monthly employees only) | <input type="checkbox"/> Military |
| <input type="checkbox"/> Other (Specify) _____ | |

Purpose of professional absence:

Address/Phone or other contact information during absence:

Person covering your duties and responsibilities (including teaching obligations) during absence:

Signature of Requestor

Date

Supervisor's Approval

Date