

North Georgia College & State University  
Dahlonega, GA

**ADMINISTRATIVE ABSENCE FROM THE CAMPUS**

Department: \_\_\_\_\_

Name of Administrator: \_\_\_\_\_

Absence from \_\_\_\_\_ to \_\_\_\_\_

Total time missed to the nearest half day: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor/Title

\_\_\_\_\_  
Date