

Reporting of Sick and Vacation (if eligible) Time for Faculty, Department Chairs and Associate Deans

Faculty:

Submit this form, in advance of absence when possible, to your Department Chair/Associate Dean. Retain a copy for your own file. The department or associate dean’s assistant will provide a signed copy to the UMSN HR Office. For reporting purposes, as required by SPG, absences will be tracked by the UMSN HR Office.

Department Chairs/Associate Deans:

For the Dean’s direct reports, submit this form in advance of absence when possible, to the Dean’s Office. Retain a copy for your own file. Absences will be tracked within the Dean’s Office for reporting purposes, and available to UMSN as needed per the SPG.

This report is made in conformity with SPG 201.11-1 and the Bylaws of the Board of Regents, Section 5.16, which reads as follows: “All absences of members of the teaching staff or other academic employees shall be reported to the dean or director. All absences extending over more than three weeks at any one time must be reported to the provost and vice president for academic affairs...”

Dates Absent (Give Inclusive Dates)	Total Number of Days	Reason(s) for Absence*	Select Type:	
			Sick	Vac.
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Date Requested: _____

Name: *(please print)* _____

**I will be/have been absent on the dates listed and for the reasons listed above.*

Department Chair/Associate Dean Signature: _____

Date Signed: _____

**Reasons for Absence:*

Injury If you are injured while working or on campus during work hours, please go to the U-M Occupational Health Services (OHS) office immediately. They are located at:

C380 Med Inn Building
University of Michigan Hospitals
1500 E. Medical Center Drive
Ann Arbor, MI 48109-5835
Phone: (734) 764-8021
Fax: (734) 763-7405
E-mail: occupational-health@med.umich.edu

Please notify your Department Chair and/or Associate Dean, and the UMSN HR Office (sn-hr-office@umich.edu).

List Lori Ristau, Director of Human Resources (lristau@med.umich.edu) as your supervisor on any forms you complete, and provide UMSN HR (sn-hr-office@umich.edu) with a copy of the Work~Connections forms provided to you by OHS.

Sick/Illness State whether hospitalized and duration. If absent due to a serious and/or chronic disabling illness or injury in excess of 10 consecutive working days, a U-M Work~Connections form must be completed - please contact the HR Office (sn-hr-office@umich.edu).

Vacation If eligible.
