

**Reporting of Sick, Vacation* (if eligible), or Travel Time
for The Undergraduate Program:
Clinical Instructor and LEO Lecturer**

Form Instructions:

Complete the form, as applicable, and submit electronically to UMSN-UGRequests@umich.edu and retain a copy for your own file. Absences will be tracked within the Office of Human Resources for reporting purposes and in the Office of Undergraduate Studies for coverage planning purposes.

Please refer to page 2 of this form for descriptions of each Reason for Absence.

Sick Time: Submit the form as soon as possible or in advance of absence when possible.

Vacation Time*: Submit the form at least 21 days in advance.

Travel Time*: Submit the form at least 21 days in advance.

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.	Travel	Other (please specify under reason for absence)
			<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"/>	<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 date(s) listed and for the reasons listed above and I will contact/have contacted the appropriate Specialty and/or Cluster Lead regarding coverage.*

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 also notify your Specialty/Cluster Lead, and/or Dr. Hagerty, 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.

Travel Time For those who are not eligible for vacation time and are planning to attend a conference, etc.
