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Portland State University  
Department of Physics  
Notification of Absence from Campus

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Name \_\_\_\_\_

Leaving campus on \_\_\_\_\_ (date)      Returning \_\_\_\_\_ (date)

In case of emergency, I can be reached at: \_\_\_\_\_  
\_\_\_\_\_

In my absence, my duties will be assumed by:

Teaching: \_\_\_\_\_

Advising: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please give to department office before absence occurs.*