

**DEPARTMENT OF STATISTICS
TA/RA ABSENCE FROM DUTY FORM**

NAME: _____ OSU EMAIL: _____

TA/RA ASSIGNMENT: _____

DATES OF ABSENCE: _____

REASON FOR ABSENCE:

DUTIES TO BE MISSED (include classes, meetings, grading, etc.):

ARRANGEMENTS MADE TO COVER MISSED DUTIES:

(Include names and signatures of people who have agreed to cover missed duties, if applicable)

Name: _____ Signature: _____

Name: _____ Signature: _____

TA/RA SIGNATURE: _____ DATE: _____

SUPERVISOR(S) APPROVAL

NAME: _____ SIGNATURE: _____ DATE: _____

NAME: _____ SIGNATURE: _____ DATE: _____

VICE CHAIR: _____ SIGNATURE: _____ DATE: _____