

**AUTHORIZATION FOR COURSE
COVERAGE DURING ABSENCE**



MONTANA
STATE UNIVERSITY

School of
Architecture

REQUEST DATE			EMPLOYEE NAME (FIRST AND LAST)
			2
DEPARTMENT			# OF DAYS COVERAGE IS REQUIRED
	-		
START DATE	TO	END DATE	RETURN DATE

COURSE COVERAGE					
COURSE#	COURSE NAME	DAY/DATE	TIME	COVERAGE PROVIDED BY	PHONE NUMBER
EMPLOYEE SIGNATURE			DATE		

REVIEWED AND APPROVED BY:	
SIGNATURE OF INSTRUCTOR PROVIDING COVERAGE	DATE
SIGNATURE AND APPROVAL OF DEPARTMENT HEAD/DIRECTOR	DATE