CIS Instructor Information

Instructor Name: __________________________________________

Course(s) Teaching During Leave: __________________________________________

Approximate Dates of Leave: __________________________________________

Detailed Plan for Coverage

Interim Instructor Name: __________________________________________

Instructor Email: __________________________________________

Phone Number: __________________________________________

Describe the interim instructor’s experience, credentials, and the communication plan for CIS instructor, faculty collaborator, and high school administration (attach documentation such as interim’s resume and transcripts).

Has the extended leave plan been communicated with the CIS faculty collaborator? Yes____ No____

High School Administrator Signature: ____________________________ Date _____________

CIS Instructor Signature: ____________________________ Date _____________

Please note: This form must be submitted prior to the leave taking place. Once the completed form has been received, the ICC Dean of Student and Administrative Services will respond with approval, denial, or request for more information.

Scan and email form to richard.kangas@itascacc.edu

For office use only

☐ Plan approved  ☐ Plan Denied  ☐ Pending more information

Administrator Signature ____________________________ Date _____________