**THE IMMEDIATE FACULTY REPLACEMENT**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dept. | : |  | Week # | : |  | From | : |  | | To | : |  |
|  |  |  | |  |
|  |  |  | Semester : | |  | | | |  |  |  |  |
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| **Sr. #** | **ID #** | **Name of the Replacement Staff** | **Position** | **Dept.** | **No. of the Replacement Hours** | **Day** | **Date** | **The Absent Staff** | |
| **ID #** | **Name** |
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**NB:** A line is to be used for only one day; a replacement staff should have more than one line if he has more than one day (i.e. the no. of lines should be exactly equal to the same no. of days).

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| --- | --- | --- | --- | --- | --- |
| **Dept. Chairman/ ELC Director** |  |  |  |  |  |
| Name |  | Signature |  | Date |