



Pay Period	
Month:	
Year:	
Page	of

ABSENCE REPORT

Please print or type and ensure all information is provided as omissions can delay processing. Make a copy of this form for your personal records. Submit original form, with attachments as applicable, to your supervisor for processing.

First Name _____	Middle Initial _____	Last Name _____	Department _____
Assignment (Check One):			
<input type="checkbox"/> Academic, Full-Time	<input type="checkbox"/> Academic, Part-Time	<input type="checkbox"/> Administrator	<input type="checkbox"/> Classified
<input type="checkbox"/> Regular Load		<input type="checkbox"/> Academic	
<input type="checkbox"/> Overload		<input type="checkbox"/> Classified	

I was / request to be absent from work on the following day(s) and/or hour(s) for the reason(s) shown below.

START DATE ¹ (Month/Day/Year)	END DATE ¹ (Month/Day/Year)	DAYS (#)	HOURS (#. #)	LEAVE TAKEN OR REQUESTED <i>Check box all that applies. Provide additional information as noted.</i>
				<input type="checkbox"/> Vacation (Must have prior approval.) If applicable, check one: <input type="checkbox"/> Over 352 Hours <input type="checkbox"/> In Lieu of Illness if sick time is exhausted. Comment: _____
				<input type="checkbox"/> Illness / Sick / Disability (Pregnancy) that is <u>not</u> the result of an Industrial Accident or Illness. ^{2,3} <input type="checkbox"/> Industrial Accident or Illness that occurred on : _____ <div style="text-align: right; margin-right: 50px;">Date (Month/Day/Year)</div> <ul style="list-style-type: none"> • Important: A Physician's Statement is required for any illness, sickness, or disability absence over five (5) days and for <u>all</u> Industrial Accident or Illness absences.
				Personal Necessity (Absences Charged to Illness Leave Quotas)
				<input type="checkbox"/> Illness / Sick/ Disability, Family Member ² <input type="checkbox"/> Personal Necessity <i>May not be used to extend vacation or holiday. – Staff Contract, Section VIII.E.</i> <input type="checkbox"/> Death of immediate family member requiring my attention beyond that provided by Bereavement Leave <input type="checkbox"/> Accident involving: <input type="checkbox"/> My person or property <input type="checkbox"/> The person or property of a member of my immediate family <input type="checkbox"/> Appearance in court/administrative tribunal as litigant, party, subpoenaed witness, or order made with jurisdiction <input type="checkbox"/> Significant event requiring my attention during my assigned working hours Explanation of Circumstances _____
				<input type="checkbox"/> Bereavement Is out-of-state travel required? <div style="display: flex; justify-content: space-between; margin-left: 50px;"> Relationship _____ Date of Death (Month/Day/Year) _____ </div> <input type="checkbox"/> Jury Duty / Witness <i>Attach proof of service/subpoena; remit fees received, except mileage, to District.</i> <input type="checkbox"/> Training, Employee Elected (See Collective Bargaining Agreement) <input type="checkbox"/> Family Care and Medical Leave (FMLA) ^{1,2} (See Collective Bargaining Agreement) <input type="checkbox"/> Other, Unpaid ² Explain: _____

¹ Use multiple lines if needed.
² Includes Full Pay, Half Pay (50%), and Unpaid Time as applicable.
³ A formal leave is required whenever an absence reaches 29 calendar days. See Administrative Regulation 7341, Leaves, for details.

I declare under penalty of perjury the above is true and correct.

Reviewed and Approved

Employee Signature _____

Date _____

Department Head \ Supervisor _____

Date _____