



Pay Period	
Month:	
Year:	
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## 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 <sup>1</sup> (Month/Day/Year)	END DATE <sup>1</sup> (Month/Day/Year)	DAYS (#)	HOURS (#. #)	LEAVE TAKEN OR REQUESTED <i>Check box all that applies. Provide additional information as noted.</i>
				<input type="checkbox"/> <b>Vacation</b> (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"/> <b>Illness / Sick / Disability</b> (Pregnancy) that is <u>not</u> the result of an Industrial Accident or Illness. <sup>2,3</sup> <input type="checkbox"/> <b>Industrial Accident or Illness</b> that occurred on : _____ <div style="text-align: right; margin-right: 50px;">Date (Month/Day/Year)</div> <ul style="list-style-type: none"> <li>• <b>Important:</b> 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.</li> </ul>
				<b>Personal Necessity</b> (Absences Charged to Illness Leave Quotas)
				<input type="checkbox"/> Illness / Sick/ Disability, Family Member <sup>2</sup> <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"/> <b>Bereavement</b> Is out-of-state travel required?  <div style="display: flex; justify-content: space-between; margin-left: 50px;"> <span>Relationship _____</span> <span>Date of Death (Month/Day/Year) _____</span> </div> <input type="checkbox"/> <b>Jury Duty / Witness</b> <i>Attach proof of service/subpoena; remit fees received, except mileage, to District.</i> <input type="checkbox"/> <b>Training, Employee Elected</b> (See Collective Bargaining Agreement) <input type="checkbox"/> <b>Family Care and Medical Leave (FMLA)</b> <sup>1,2</sup> (See Collective Bargaining Agreement) <input type="checkbox"/> <b>Other, Unpaid</b> <sup>2</sup> Explain: _____

<sup>1</sup> Use multiple lines if needed.  
<sup>2</sup> Includes Full Pay, Half Pay (50%), and Unpaid Time as applicable.  
<sup>3</sup> 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 \_\_\_\_\_