



## EMPLOYEE ABSENT REPORT

An employee who is absent from work (illness, leave without pay, etc.) must submit this form to the appropriate Division Chair, Administrator, or Supervisor immediately upon returning to work. In the case of an **extensive leave**, the form needs to be submitted at the end of every pay period, and in the case of a **planned leave**, the form must be submitted in a timely manner before that leave takes place.

<b>EMPLOYEE NAME</b> ← (Required) →	<b>SECURITY IDENTIFICATION NUMBER (SID)</b>
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**Check one (required):**    Classified       Admin/Exempt       FT Faculty       PT Faculty

TOTAL TIME TAKEN	LEAVE BEGIN (mm/dd/yy)	LEAVE END (mm/dd/yy)	TYPE OF LEAVE
_____	_____	_____	Sick Leave ** <input type="checkbox"/> FMLA <input type="checkbox"/> L&I
_____	_____	_____	Vacation (Administrators, Exempt, Classified) <input type="checkbox"/> FMLA <input type="checkbox"/> L&I
_____	_____	_____	Leave Without Pay * (Reason: _____) <input type="checkbox"/> FMLA <input type="checkbox"/> L&I
_____	_____	_____	Bereavement (Relationship: _____ ) <input type="checkbox"/> FMLA <input type="checkbox"/> L&I
_____	_____	_____	Personal Holiday <input type="checkbox"/> FMLA <input type="checkbox"/> L&I
_____	_____	_____	Other (Military, Jury Duty, Compensatory time, etc.) <input type="checkbox"/> FMLA <input type="checkbox"/> L&I

### APPROVAL

Employee's Signature	Date	Division Chair, Administrator, or Supervisor	Date
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### DENIAL

Provide reason for denial of leave:

Division Chair, Administrator, or Supervisor	Date
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\* Leave without pay for classified requires approval of the Executive Director of Human Resources

\*\* Sick leave for Part-Time Faculty will be used at the rate of 1 hour of sick leave for every 1 hour of lecture class missed, and 1 hour of sick leave for every 2 hours of lab class missed.

Executive Director of Human Resources	Date
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**SUBMIT APPROVED ABSENT REPORT TO HUMAN RESOURCES 99-200**