

## **ABSENCE REPORTING FORM**



NAME	CURRENT DATE					D CP
EMPLOYEE ID		DEPART	MENT			
			CURRENT WEB	LESS TOTAL HOURS TO BE TAKEN		BALANCE
TYPE OF ABSENCE	DATE (MM/DD/YY)	HOURS	ADVISOR BALANCE	# HOURS PAID	# HOURS UNPAID	AFTER LEAVE TAKEN
Vacation Leave						
Sick Leave						
<b>Personal Leave</b> (Faculty & College Lecturers only)						
Librarian's Paid Leave						
Other*						
EMPLOYEE'S SIGNATURE_						
ACTION BY SUPERVIS						
Date If absence is NOT APPROVED	or considered UNEXCUSED, list	OT APPROVED				
SUPERVISOR'S SIGNATURE						
I have verified a positive balan	ice is in the leave plan requested					
INSTRUCTIONS						
2. Supervisors should ensur	ne is subject to the written app re that utilization of leave is pr iculty) report absences in 1/4	omptly reported t			e time.	

- 4. College Lecturers only: Personal leave does not accrue forward from one year to the next year.
- 5. Counselors and Librarians: Paid leave can be utilized in accordance with the employee's agreement.