

## **ABSENCE REPORTING FORM**



| NAME   | CURRENT DATE   |                   |                    |                                 |                   | D CP                 |
|--|--|-------------------|--------------------|---------------------------------|-------------------|----------------------|
| EMPLOYEE ID  |  | DEPART            | MENT               |                                 |                   |                      |
|  |  |                   | CURRENT<br>WEB     | LESS TOTAL HOURS<br>TO BE TAKEN |                   | BALANCE              |
| TYPE OF ABSENCE  | DATE (MM/DD/YY)  | HOURS             | ADVISOR<br>BALANCE | # HOURS<br>PAID                 | # HOURS<br>UNPAID | AFTER<br>LEAVE TAKEN |
| Vacation Leave   |  |                   |                    |                                 |                   |                      |
| Sick Leave   |  |                   |                    |                                 |                   |                      |
| <b>Personal Leave</b><br>(Faculty & College<br>Lecturers only) |  |                   |                    |                                 |                   |                      |
| Librarian's Paid Leave   |  |                   |                    |                                 |                   |                      |
| Other*   |  |                   |                    |                                 |                   |                      |
| EMPLOYEE'S SIGNATURE_  |  |                   |                    |                                 |                   |                      |
| ACTION BY SUPERVIS   |  |                   |                    |                                 |                   |                      |
| Date<br>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<br>re that utilization of leave is pr<br>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.