



Date of Report: \_\_\_\_\_ Department: \_\_\_\_\_

Person Absent: \_\_\_\_\_ ID # \_\_\_\_\_

Date(s)	Type of Leave	# of Hours
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____
4.) _____	_____	_____
5.) _____	_____	_____
6.) _____	_____	_____

Reason for Absence – Please check one below:

- 1.) Personal Illness\*
- 2.) Illness in Family\*
- 3.) Vacation
- 4.) Jury Duty\*\*
- 5.) Representing School, Civic or Other functions.
- 6.) Staff Development
- 7.) National Guard/ Reserve Duty
- 8.) Appearance as Witness
- 9.) Other
- 10) Bereavement in Family\*\*\*

\*\*\*Please Select One:

- \_\_\_ Spouse                      \_\_\_ Mother/Father                      \_\_\_ Mother/Father-in-law
- \_\_\_ Sister/Brother            \_\_\_ Grandchild                          \_\_\_ Child/Step-Child
- \_\_\_ Grandparent              \_\_\_ Son/Daughter-in-law              \_\_\_ Sister/Brother-in-law

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

Signatures:

\_\_\_\_\_  
*Absent Employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor*

\_\_\_\_\_  
*Date*

**Route to: HUMAN RESOURCES IN SAME WEEK in which absence occurred.**

\* Chargeable as sick leave.

\*\* Attach a copy of Jury Summons

\*\*\* No deduction, charged to funeral for immediate family members. Employee needs to attach a copy of obituary or death certificate; otherwise, it is deducted from sick leave. Please refer to Board Policy DEC (Local)

*The College District prohibits discrimination, including harassment, against any employee on the basis of race, color, religion, gender, national origin, age, disability, or any other basis prohibited by law.*