

EMPLOYEE ABSENCE REPORT

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 bel	low:	
 ☐1.) Personal Illness* ☐2.) Illness in Family* ☐3.) Vacation ☐4.) Jury Duty** ☐5.) Representing School, Civic or Other functions. Remarks: 	6.) Staff Development 7.) National Guard/ Reserve Duty 8.) Appearance as Witness 9.) Family Medical Leave 10) Bereavement in Family*** ***Please Select One: SpouseMother/FatherMother/Father-in-lavChild/Step-ChildCrandparentSon/Daughter-in-lawSister/Brother-in-lav	
Signatures:	GrandparentSon/Da	ughter-in-lawSister/Brother-in-law
Absent Employee	Date	
Supervisor	Date	

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

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.

^{*} 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)