



Classified, Confidential and Management Employee Absence Report

I HEREBY CERTIFY THE FOLLOWING ABSENCE(S)

(Employee must complete this form within 2 working days after return to duty. Failure to comply could result in disciplinary action)

Last Four SSN		Employee's Name <i>(Please Print)</i>			
<input type="checkbox"/> Classified	<input type="checkbox"/> Confidential	<input type="checkbox"/> Management	Date	Department/Office	
C O D E	(VA) Vacation		Date(s)	Code	Hours
	(SI) Sick Leave				
	(JD) Jury Duty or Witness				
	(PN) Personal Necessity Leave* (State Reason in Comments Below)				
	(FL) Family Leave**				
	(WC) Workers' Compensation: Date of Injury _____				
	(B) Bereavement (State Relationship in Comments Below)				
	(FH) Floating Holiday				
	(C-) Compensatory (Accrued) Time				
	(O) Other (State Reason in Comments Below)				

Comments:

* A classified employee not wishing to state the reason for personal necessity leave can discuss the situation with the College President/District Administrator or Designee.

** Is this family necessity leave for one of the following? Child, Parent, or Spouse Yes No

Acknowledgment: I understand that it is my responsibility to ensure I have enough leave accrued to cover the period I am requesting. I also understand when an employee is absent from work and does not have enough time accrued in Floating Holiday, Sick Leave, Personal Necessity, or Vacation, the absence will be without pay. In the event I do not have enough paid leave to cover the absence the leave will be unpaid and will result in docked pay.

Employee Signature

Date

Department Manager or Administrator's Signature

Date

Human Resources Use Only

Leave Deducted in Fin2K? Yes No

Requested Leave Available? Yes No

Follow Up Required?