

REPORT OF ABSENCE

NAME _____ JCCC ID # _____ ORG # _____

JOB CATEGORY: HOURLY _____ AMS _____ BARGAINING UNIT _____

INSTRUCTIONS: This form must be completed before an absence occurs, or when that is not possible, immediately upon return to work. The supervisor and/or appropriate branch administrator shall approve the request for leave by their signatures.

For AMS and salaried Bargaining Unit employees, completed Report of Absence forms are to be sent to Human Resources following approval(s). For hourly employees, Report of Absence forms should be retained in the division office following approval(s), and the hours of absence are to be reported on the employee's time card as they occur.

Indicate each date separately, reason code and number of hours absent per date; or indicate consecutive full day absences for the same reason code on one line (see last example). Consult the codes below and indicate, by letter, the type of absence taken. If hours taken fall into two categories, divide the time appropriately.

For detailed information on college leave policies, refer to Personnel Policy 419.12a-s, and to appropriate sections of the current Master Agreement.

EXAMPLE:

Date of Absence	Reason Code	Hours Absent Out of Work Day
<u>7/07/97</u>	<u>S</u>	<u>4</u>
<u>7/10/97</u>	<u>V</u>	<u>4</u>
<u>7/14/97</u>	<u>P</u>	<u>8</u>
<u>7/21-7/25/97</u>	<u>V</u>	<u>40</u>

REASON CODE:

S = Sick
 V = Vacation
 P = Personal
 F = Floating
 B = Bereavement (Immediate Family)
 O = Other
 (Indicate type of leave under COMMENTS, e.g., jury duty, conference, etc.)

<u>Date of Absence</u>	<u>Reason Code</u>	<u>Hours Absent Out of Work Day</u>	<u>Date of Absence</u>	<u>Reason Code</u>	<u>Hours Absent Out of Work Day</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<p>COMMENTS: (This section should not include any personal health information.)</p> 	<p>SIGNATURES:</p> <p>_____ Employee</p> <p>_____ Supervisor</p> <p>_____ Branch Administrator</p> <p>_____ Date</p> <p>_____ Date</p> <p>_____ Date</p>
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