

**SUBMIT TO DISTRICT HUMAN RESOURCES OFFICE**

This report is to be used to report absences from duty, paid or unpaid, authorized or unauthorized, including, but not limited to jury duty, military leave, emergency leave, bereavement leave, sick leave, personal necessity leave, industrial illness/accident leave, professional development leave, honorary leave, and all other leaves. Please indicate if absence is a result of a work-related illness or injury.

Name:	Department:
Type of Absence:	COM ID #:

Unit members shall report absence from assigned and/or unassigned duties. Should a unit member be absent for part but not all of a day, the unit member shall report the length of time (rounded to the nearest half hour).

Dates absent		Number of hours absent for day, including office hours and professional responsibilities		Number of overload units: _____
1. _____	6. _____	1. _____	6. _____	When an assignment has been reassigned from the unit member to a long-term substitute, when a short-term substitute is covering unassigned time duties, or when the unit member is otherwise absent from unassigned time duties, the unit member shall report as sick leave all hours associated with that assignment until the unit member reports back to duty. Sick leave hours reported must be based on the 37.5-hour work-week and 175-day work year for a 1.0 FTE load. When reporting a full week of absence, an additional hour of sick leave will be deducted per week for each unit of overload.
2. _____	7. _____	2. _____	7. _____	
3. _____	8. _____	3. _____	8. _____	
4. _____	9. _____	4. _____	9. _____	
5. _____	10. _____	5. _____	10. _____	

Reason for Absence: explain in detail for those other than for own illness.

It is the responsibility of the employee to make a full report on the cause of every absence. If an absence is not authorized, a full salary deduction is required by law. For complete listing of leave regulations, consult the relevant labor agreement or District Policy, whichever is applicable.

Name of Substitute:	Voluntary Unpaid Substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No (see section 5.17)
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Employee's Signature	Date
Supervisor's Signature	Date

**FOR HUMAN RESOURCES USE ONLY**

Sick Leave Deduction Required:	Overload Sick Leave Deduction Required:
Personal Necessity Deduction Required:	Other Leave Deduction Required:
	Type: Hours: