

DPOMCCD Date & Time Stamp

IAMMI	TI 4 Apsell	ce vehour		DIC	DIVICED Date & Time Stamp	
		SUBMIT TO DI	STRICT HUMAN RESOURCES OFF	CE		
military leave,		ement leave, sick lea	or unpaid, authorized or unau ve, personal necessity leave, v related illness or injury.			
Name		Classification				
Type of Absen	ice	COM ID #				
Is absence from	m an overload class? 📮	Yes • No				
Dates Absent		ass	Total number of hours, assigned and unassigned, for entire day including office hours		Total number of hours absent, including office hours	
1	6	1	6	1	6	
2	7	2	7	2	7	
3	8	3	8	3	8	
4	9	4		4	9	
5	10	5	10	5	10	
voluntarily sub must be subm Employee's Sig Supervisor's Si	M/AFT contract. If absent ostitutes for your class/cou itted to the appropriate dignature  gnature  onsibility of the employer required by law. For con	Voluntarily Substitute?  Yes No  three days or less, and your substitute be charged to your balance. The Absence Report been met. (Trade class – Sub will not be paid)  Date  Date  Date  pence. If no such report is filed, a full salary levant labor agreement or District Policy,				
whichever is	аррисавіе.	FOR HI	JMAN RESOURCES USE ONLY			
Sick Leave De	duction Required:	Schedule:				
Sick Leave and	d Personal Juction Required:	Letter of Cer	Letter of Censure Required? ☐ Yes ☐ No			
	action required.	Letter of Cer	Letter of Censure Sent:			
Other:		Date:	_			
Approved:						
Deduction Red	quired? 🗖 Yes 📮 No	Data Entry In	Data Entry Initial:			