

Classified and Management Absence Report for Late Submissions

(For use when the submission deadline has past)

PLEASE SUBMIT TO THE HUMAN RESOURCES DEPARTMENT AS SOON AS POSSIBLE.

It is the responsibility of the employee to make a full report of the cause of every absence. For a complete listing of leave regulations, consult the collective bargaining agreement or District policy, whichever is applicable. Use the codes provided below to fill in the calendar date(s) to indicate the type of absence and the number of hours absent. For example: S 4.5 = Sick Leave, 4.5 hours. PN b 4.5 = Personal Necessity, accident, 4.5 hours.

Employee:	M00 #:
Department:	Job Title:
Prepared by:	Date:

CODES

- B = Bereavement Leave
- C = Compensatory Time
- F = Family Leave
- I = Industrial Accident/Illness Leave
- J = Jury Duty
- LC = Flexible Family Leave
(Labor Code Sec 233)
- M = Military Leave
- O = Off Duty
- P = Pregnancy Disability Leave
- PN = Personal Necessity
- S = Sick Leave
- U = Uncompensated Leave
- V = Vacation

Personal Necessity Leave*

Days accumulated for sick purposes may be used by an employee, at his/her election in cases of personal necessity. Personal necessity is defined as one of the following not to exceed contract maximums:

- a. Death or serious illness of a member of his/her immediate family when additional leave is required beyond that provided in respective contracts.
- b. Accident involving his/her person or property, or the person or property of a member of his/her immediate family.
- c. Appearance in any court or before any administrative tribunal as a litigant, party, or witness under subpoena or any order made with jurisdiction, including adoption hearing.
- d. To conduct legal or other personal and pressing obligations which require the presence of the employee during regularly scheduled working hours in order to prevent a familial or financial hardship. Such obligations do not include any extension of holidays and/or weekends or any recreational matters of personal convenience.
- e. Religious holidays

*"Immediate family" is defined in respective contracts.

Month / Year _____

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	

I certify that the information contained in this absence report is accurate and correctly represents the type and the number of hours of each absence.

Employee: _____
SIGNATURE DATE

Supervisor: _____
SIGNATURE (If Applicable) DATE

Manager: _____
SIGNATURE DATE

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Sick Leave Deduction: _____ Post Comp Time Off: _____

Sick Leave/PN Deduction: _____ Other: _____

Vacation Leave Deduction: _____ Approved: _____