

# ACADEMIC EMPLOYEE ABSENCE REPORT

**Please Note:** This form must be completed in prior to absence and submitted to the Instruction Office for administrative approval. Please contact your department lead to arrange for a substitute. If there is no lead overseeing your department, substitute arrangements may be made through the Instruction Office. In case of emergency, serious illness, or accident (where prior approval is impossible), this form must be submitted within five business days after returning to work. The original, bearing original signatures, will be submitted to the Payroll Office by Instruction Office staff **FOR ADJUNCTS NO LATER THAN THE 26<sup>TH</sup> OF THE MONTH AND FOR FULL-TIME FACULTY AND COUNSELORS NO LATER THAN THE LAST WORKING DAY OF THE MONTH.** If an absence report is not received in accordance with these guidelines, the absence will be considered Leave Without Pay (LWOP) and will be deducted from your wages.

NAME: \_\_\_\_\_ EID: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

I HEREBY CERTIFY THAT I WAS ABSENT FROM DUTY STARTING \_\_\_\_\_ AND ENDING \_\_\_\_\_

REASON: \_\_\_\_\_

IF PNL, DESCRIPTION: \_\_\_\_\_

***\*Leave type definitions on reverse.***

*For more detailed descriptions of various leave types, please consult the Faculty Association Agreement (FAA). Family and Medical Leave run concurrent with other applicable leaves.*

				INSTRUCTION OFFICE USE ONLY	
CLASS(ES)	SUBSTITUTE(S)	DATE(S)	HOURS	LEC	LAB
OFFICE HOURS (Full-Time Only)					
TOTALS					

INSTRUCTOR'S

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMINISTRATOR'S

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PAYROLL OFFICE USE ONLY			
Sick Leave Balance Verified	<input type="checkbox"/>		
YTD PNL Balance Verified	<input type="checkbox"/>		
SL hrs short/2		Hrs @ half pay	
=			
Lec Hrs @ \$		/hr =\$	
Lab Hrs @ \$		/hr =\$	
		<b>Total \$</b>	

INSTRUCTION OFFICE DATE STAMP

PAYROLL OFFICE DATE STAMP

## LEAVE TYPE DEFINITIONS

<b>LWOP</b>	Leave Without Pay
<b>SL</b>	Sick Leave, Regular ( <i>FAA Article 10.1</i> )
<b>SLH</b>	Sick Leave, Half-Pay ( <i>FAA Article 10.1.8</i> )
<b>BL</b>	Bereavement Leave ( <i>FAA Article 10.2</i> )
<b>IA</b>	Industrial Accident / Illness Leave ( <i>FAA Article 10.3</i> )
<b>ML</b>	Military Leave ( <i>FAA Article 10.4</i> )
<b>JD</b>	Jury Duty / Court Appearance ( <i>FAA Article 10.5</i> ) <i>* You are required to relinquish all fees received for jury duty or witness fees immediately upon receipt (remit to Fiscal Services).</i>
<b>PNL</b>	Personal Necessity Leave ( <i>FAA Article 10.6</i> ) <i>* Maximum seven days per year, drawn from accumulated sick leave.</i>

### TYPES OF PNL:

- Death/Illness of immediate family member (please indicate relationship)
- Accident involving person or property of employee or immediate family member
- Court appearance as a litigant (including personal business)
- Compelling personal business – CPB (not allowed more than three days per academic year)
- Hazardous weather conditions