

**FACULTY
Absence Report**

DPOMCCD Date & Time Stamp

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, vacation, absence with permission, and leave without pay. **Please indicate if absence is a result of work-related illness or injury.**

Name	Classification
Type of Absence	COM ID #

Is absence from an overload class? Yes No

Dates Absent		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. _____	9. _____	4. _____	9. _____
5. _____	10. _____	5. _____	10. _____	5. _____	10. _____

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

Name of Substitute: _____ Voluntarily Substitute? Yes No
See 5.3 of UPM/AFT contract. If absent due to illness or personal necessity for **a period of three days or less**, and your substitute voluntarily substitutes for your class/counseling session/library work, no sick leave days will be charged to your balance. The Absence Report must be submitted to the appropriate dean or director to verify that these conditions have been met. (Trade class – Sub will not be paid)

Employee's Signature	Date
Supervisor's Signature	Date

It is the responsibility of the employee to make a full report on the cause of every absence. If no such report is filed, 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.

FOR HUMAN RESOURCES USE ONLY

Sick Leave Deduction Required:	Schedule:
Sick Leave and Personal Necessity Deduction Required:	Letter of Censure Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	Letter of Censure Sent:
	Date:
Approved:	
Deduction Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Data Entry Initial: