

**SAN JOSÉ/EVERGREEN COMMUNITY COLLEGE DISTRICT
EMPLOYEE ABSENCE REPORT**

CONFINE ALL ABSENCES TO THE REPORTING MONTH. THIS ABSENCE REPORT MUST BE SIGNED BY YOUR SUPERVISOR AND SUBMITTED TO THE DISTRICT PAYROLL OFFICE BY THE 10TH DAY OF EACH MONTH.

EMP NAME: _____ EMPLOYEE #: _____

SOCIAL SECURITY # _____ SUPV LOC: DO NAME: _____

MONTH / YEAR _____ ACADEMIC ONLY – SCHEDULED HOURS/WEEK (Do not include overload)

October / _____ + _____ + _____ + _____ = **0.00**
One month only per absence report. Lecture + Lab + Reassigned + Office = Total
(10% = 3 hrs)

NAME OF SUBSTITUTE: _____
(Note: if there are multiple substitutes, please attach a separate list)

SICK HOURS TOTAL: 0.00
Academic Must Include Office Hours

DATES												
HOURS												

*Personal Business Explanation (required)
(Please use comments field below if you need more space)*

PERSONAL BUSINESS TOTAL: 0.00
Salary Adjustment – Prior Approval Required

DATES					
HOURS					

VACATION HOURS TOTAL: 0.00

DATES												
HOURS												

PERSONAL NECESSITY TOTAL: 0.00
Refer to CBA for # of Days per Fiscal Year

DATES					
HOURS					

FMLA TOTAL: 0.00
Family Medical Leave Act – HR Approval Required

DATES												
HOURS												

*FMLA Explanation (required)
(Please use comments field below if you need more space)*

BEREAVEMENT TOTAL: 0.00
Relation of the Deceased:

DATES					
HOURS					

INDUSTRIAL LEAVE TOTAL: 0.00
Job Injury/Accident – Requires Workers' Compensation Claim On File

DATES												
HOURS												

ADMINISTRATIVE TOTAL: 0.00
Managers/Supervisors/Confidential

DATES					
HOURS					

<u>PRIOR APPROVAL REQUIRED</u>	<u>START</u>	<u>END</u>	<u>GENERAL INFORMATION/COMMENTS</u>
JURY DUTY	_____	_____	_____
PERSONAL LEAVE	_____	_____	_____
MILITARY LEAVE	_____	_____	_____
LONG TERM LEAVE	_____	_____	_____
<i>Includes Health & Education</i>			
CHILD REARING LEAVE	_____	_____	_____
DIFFERENTIAL/SICK LEAVE	_____	_____	_____
<i>Name of Sub</i>	_____	_____	_____
OTHER	_____	_____	_____
<i>Explanation</i>	_____	_____	_____

(Please use comments field at right if you need more space)

I CERTIFY THAT THIS DOCUMENT IS AN ACCURATE RECORD OF MY ABSENCE FOR THE REPORTING PERIOD INDICATED ABOVE.

Employee Signature _____ Date _____ Supervisor Signature _____ Date _____