



# Employee Absence Report

Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Absence Date(s): \_\_\_\_\_

Substitute(s): \_\_\_\_\_

<b>CSEA, Operating Engineers, ALG:</b> <small>List # of hrs. by each category below if selecting more than 1 category to dock.</small>  Total Hours Absent: _____	<b>Adjunct Faculty and or Overload Hrs.:</b>  Total Hours Absent: _____	<b>Full-Time Faculty <u>ONLY</u>:</b>  <u>Weekly work schedule:</u> <small>(Indicate # of Hrs. per day)</small> <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"> </td> <td style="width:12.5%;"> </td> </tr> <tr> <td style="font-size: 8px;">Sun</td> <td style="font-size: 8px;">Mon</td> <td style="font-size: 8px;">Tue</td> <td style="font-size: 8px;">Wed</td> <td style="font-size: 8px;">Thur</td> <td style="font-size: 8px;">Fri</td> <td style="font-size: 8px;">Sat</td> <td style="font-size: 8px;"> </td> </tr> </table> <u>Hours absent:</u> <small>(Indicate # of Hrs. per day)</small> <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"> </td> <td style="width:12.5%;"> </td> </tr> <tr> <td style="font-size: 8px;">Sun</td> <td style="font-size: 8px;">Mon</td> <td style="font-size: 8px;">Tue</td> <td style="font-size: 8px;">Wed</td> <td style="font-size: 8px;">Thur</td> <td style="font-size: 8px;">Fri</td> <td style="font-size: 8px;">Sat</td> <td style="font-size: 8px;"> </td> </tr> </table>									Sun	Mon	Tue	Wed	Thur	Fri	Sat										Sun	Mon	Tue	Wed	Thur	Fri	Sat	
Sun	Mon	Tue	Wed	Thur	Fri	Sat																												
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- |  |   |
|--|---|
| <input type="checkbox"/> Bereavement <input type="checkbox"/> <200 Miles <input type="checkbox"/> >200miles/Immediate Family Relationship: _____ | <input type="checkbox"/> Compensatory Time                      |
| <input type="checkbox"/> Conference/Workshop   | <input type="checkbox"/> Emergency Leave/Personal Business      |
| <input type="checkbox"/> Extended Illness (Physician's verification required)  | <input type="checkbox"/> Floating Holiday                       |
| <input type="checkbox"/> Jury Duty/Court Witness (attach court verification)   | <input type="checkbox"/> Management Leave                       |
| <input type="checkbox"/> Leave without pay   | <input type="checkbox"/> Military leave                         |
| <input type="checkbox"/> Negotiations  | <input type="checkbox"/> Personal Necessity (use of sick leave) |
| <input type="checkbox"/> Workers Compensation (Physician's verification required)  | <input type="checkbox"/> Sick Leave                             |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Vacation                               |

Notes: \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Management Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

LWP Salary Deduction: Hours: \_\_\_\_\_ Hrlly Rate/Sat: \_\_\_\_\_ Total: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_