

Absence Report

Used internally by campus departments to report leave usage.

EMPL I.D.	LAST NAME		FIRST NAME, M.I.		MONTH	YEAR
DEPT I.D.	DEPT NAME		ORIGINAL	REVISED	PAY PERIOD	
		DATE		DATE		
PAY PERIOD IS:		TIMEBASE	CB/ID	ALTERNATE WORK WEEK	EMPLOYEE STATUS	
QUALIFYING				4/40 OTHER	NON-EXEMPT S/L & Vac. can be taken in 1-hour increments.	
NON-QUALIFYING				9/80	EXEMPT S/L & Vac. must be charged in 1-day increments.	

ABSENCE CATEGORIES	INDICATE HOUR(S) / NO SYMBOLS																															Refer to your Payroll Calendar for correct pay period dates.		TOTAL		
	31	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	1			
SICK LEAVE <i>Self</i>																																			SL	
SICK LEAVE - FAMILY <i>Family Illness</i>																																			SLF	
SICK LEAVE - DEATH IN FAMILY <i>Relationship:</i>																																			SLD	
FUNERAL LEAVE																																			FL	
VACATION LEAVE																																			VA	
COMP TIME TAKEN																																			CTO	
LEAVE WITHOUT PAY <i>Unpaid Leave of 15 Days or Less</i>																																			DOCK	
PERSONAL HOLIDAY																																			PH	
JURY DUTY/ SUBPOENAED WITNESS																																			JD	
MATERNITY/PATERNITY/ ADOPTION																																			MPA	
A.W.O.L. (Absence Without Leave)																																			DOCK	

Submit These Leaves to Payroll Administration

MILITARY LEAVE																																				ML	
I.D.L. (Industrial Disability Leave) Pending																																					
N.D.I. (Non-Industrial Injury) Pending																																					

SUBPOENAED WITNESS
Fill out information below.

COURT	CITY	PARTY EXPERT	CERTIFIED BY EMPLOYEE:		SUPERVISOR APPROVAL:		DEPARTMENT USE ONLY
		Charge Absence To:	To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.	SIGNATURE	SIGNATURE		
NO FEES RECEIVED		VACATION		DATE	DATE		
FEES RETAINED		CTO					
FEES RETURNED TO STATE		ABSENCE W/O PAY					
ABSENCE WHILE SERVING A PROBATIONARY PERIOD	REASON FOR ABSENCE:	MEDICAL APPT. DENTAL APPT.					