



# Absence Report

Used internally by campus departments to report leave usage.

CSUN ID	RECORD #	LAST NAME	FIRST NAME, M.I.	MONTH	YEAR
JOB CODE	DEPT ID	DEPT NAME	ORIGINAL DATE	REVISED DATE	PAY PERIOD
PAY PERIOD IS:		TIMEBASE	CB/ID	ALTERNATE WORK WEEK	EMPLOYEE STATUS
QUALIFYING				4/40 <input type="checkbox"/> OTHER <input type="checkbox"/>	EXEMPT EMPLOYEES: Leave usage for exempt employees must be reported in whole day increments only.
NON-QUALIFYING				9/80	

ABSENCE CATEGORIES	INDICATE HOUR(S) / NO SYMBOLS																															Refer to your Payroll Calendar for correct pay period dates.				
	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	TOTAL		
SICK LEAVE - Self																																			SL	
SICK LEAVE - Family (Family Illness) Relationship:																																			SLE	
SICK LEAVE (Death in Family) Relationship:																																			SLD	
FUNERAL LEAVE Relationship:																																			FL	
VACATION LEAVE																																			VA	
COMP TIME TAKEN																																			CTO	
ADDITIONAL DAY OFF																																			ADOT	
LEAVE WITHOUT PAY Unpaid Leave of 15 Days or Less																																			DOCK	
PERSONAL HOLIDAY																																			PH	
JURY DUTY Subpoenaed Witness*																																			JD	
MATERNITY/PATERNITY Adoption:																																			MPA	
A.W.O.L. Absence Without Leave:																																			DOCK	

Submit The Following Leaves to Payroll Administration

MILITARY LEAVE																																				ML		
I.D.L. (Industrial Disability Leave (Pending))																																						
N.D.I. (Non-Industrial Injury) (Pending)																																						
UNION TIME - Reimbursed																																					UTR	
UNION TIME - Non-Reimbursed																																					UTN	

\* SUBPOENAED WITNESS

Fill out information below.

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