



# FACULTY ABSENCE REPORT

Primary Employment Status  
(check one)

- Full-time Faculty
- Credit Adjunct Faculty
- Noncredit Adjunct Faculty

Division: \_\_\_\_\_

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

Department: \_\_\_\_\_

Term: \_\_\_\_\_

- Fall
- Winter
- Spring
- Summer

I notified:  my division office  other \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please submit this form to your division office as soon as possible following your absence.**

FULL TIME FACULTY			
Day _____	Date _____ / _____ / _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Partial Day
Day _____	Date _____ / _____ / _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Partial Day
Day _____	Date _____ / _____ / _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Partial Day
Day _____	Date _____ / _____ / _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Partial Day
Day _____	Date _____ / _____ / _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Partial Day
Day _____	Date _____ / _____ / _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Partial Day
Day _____	Date _____ / _____ / _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Partial Day

ADJUNCT FACULTY <u>OR</u> FULL-TIME FACULTY TEACHING OVERLOAD OR SUMMER/WINTER INTERSESSION			
Date _____ / _____ / _____	Course ID _____	CRN _____	# of hours _____
Date _____ / _____ / _____	Course ID _____	CRN _____	# of hours _____
Date _____ / _____ / _____	Course ID _____	CRN _____	# of hours _____
Date _____ / _____ / _____	Course ID _____	CRN _____	# of hours _____

Illness  Personal Necessity Leave, per contract  Personal Necessity Leave to care for family member

Jury Duty (Please attach appropriate documentation from court.)

Bereavement - A unit member shall be entitled to a maximum of three (3) days leave of absence, OR five (5) days leave of absence if travel of more than two hundred (200) miles one way is required, without loss of salary, on account of the death of any family member of his/her immediate family.

**For the Employee:**

- Spouse or Registered Domestic Partner
- Sibling
- Parent
- Child
- Grandparent
- Grandchild
- Uncle
- Aunt
- Niece
- Nephew
- Other member of the immediate household

**For the Employee's Spouse or Registered Domestic Partner:**

- Sibling
- Parent
- Child
- Grandparent
- Grandchild
- Uncle
- Aunt
- Niece
- Nephew
- Other member of the immediate household

Other (Explanation): \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please send the signed original to your Division Office.

For Division Use Only:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Division Signature _____	Date _____