

Name:
 Empl ID:
 Pay Group:
 Department:

EMPLOYEE ABSENCE REPORT

DUE IN PAYROLL OFFICE ON

I HAVE NO ABSENCES TO REPORT

ABSENCES		*Please indicate the number of hours or the percentage of day absent in the appropriate box.																														Total		
SICK LEAVE:	Dates:	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		
	*Hrs. or %day(s):																																	
PERSONAL NECESSITY:	Dates:	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		
	Reason: _____ Hrs. or %day(s):																																	
PERSONAL BUSINESS: (Faculty Employees Only)	Dates:	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		
	Reason: _____ %Day(s):																																	
VACATION:	Dates:	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		
	Hrs. or %day(s):																																	
COMPENSATORY TIME: (Classified Employees Only)	Dates:	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		
	Hours:																																	
BEREAVEMENT LEAVE:	Dates:	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		
	Relationship: _____ In California? Yes ___ No ___ Hrs. or %day(s):																																	
JURY DUTY:	Dates:	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		
	Hrs. or %day(s):																																	
IND. ACCIDENT & ILLNESS:	Dates:	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		
	Date of Injury _____ Hrs. or %day(s):																																	
OFF SALARY TIME: (Ten & Eleven month Classified Employees Only)	Dates:	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		
	Hours:																																	
OTHER:	Dates:	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		
	Please Specify: _____ Hrs. or %day(s):																																	

CERTIFICATION: I certify that all the information reported is correct.

Employee's Signature

Supervisor (if required)

*Faculty report absences as a percentage of a day.

All others report absences in hours.