



Palomar College Full-Time Employee Absence Report

Last Name _____
 First Name _____
 Employee ID _____
 Pay Group _____
 Department _____

Reporting Period _____

I have no absences to report

* Faculty report absences as a percentage of a day. All others report absences in hours.

	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	Total
Sick Leave (If balance is zero, report as Extended Sick Leave)																																
Extended Sick Leave (Half-pay)																																
Personal Necessity (Part of Sick Leave) Reason: _____																																
Personal Business (Faculty only) Reason: _____																																
Vacation																																
Compensatory Time (Classified only)																																
Bereavement Leave Relationship: _____																																
Jury Duty																																
Industrial Accident & Illness Date of injury: _____																																
Off Salary Time (10 & 11 month Classified only)																																
FMLA (Pre-approved only)																																
Other Reason: _____																																

Employee Signature _____

Supervisor Signature _____