



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 OR 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:

Approved Not Approved Division Signature _____ Date _____