# FACULTY ABSENCE REPORT

**Primary Employment Status**
- [ ] 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

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Full Day</th>
<th>Partial Day</th>
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## ADJUNCT FACULTY OR FULL-TIME FACULTY TEACHING OVERLOAD OR SUMMER/WINTER INTERSESSION

<table>
<thead>
<tr>
<th>Date</th>
<th>Course ID</th>
<th>CRN</th>
<th># of hours</th>
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**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  
- [ ] Other member of the immediate household  

*For the Employee’s Spouse or Registered Domestic Partner:*
- [ ] Sibling  
- [ ] Parent  
- [ ] Child  
- [ ] Grandparent  
- [ ] Grandchild  
- [ ] Uncle  
- [ ] 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 __________ / ______ / ______

Revised 8/05; 8/06; 9/06 Instruction Office VB:lp Reviewed by HR 9/06; revised and reviewed by HR 2/08; Revised by Instruction Office 6/09; 8/09