

**MT. SAN ANTONIO COLLEGE
MANAGEMENT ABSENCE REPORT**

Date: _____

Name: _____

Department: _____

PLEASE SUBMIT THIS REPORT MONTHLY ONLY IF ONE OF THE FOLLOWING ABSENCES HAS OCCURRED:

(1) Illness: Date(s) _____

(2) Personal Necessity Leave: Date(s) _____

Reason: Date(s) _____

Approved Not Approved Office of Human Resources _____

Date: _____

(3) Bereavement: Date(s) _____

Less than 200 miles one way

More than 200 miles one way

Relationship to Deceased: _____

(4) Other Leave: Date(s) and Explanation: _____

Employee Signature _____

Date: _____

Reviewed/Approved by Supervisor _____

Date: _____