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: ___

Form P-115  PRINT (3) COPIES: (1) TO PAYROLL; (1) TO SUPERVISOR; AND (1) TO EMPLOYEE
dl/7.3.06