

SANTA MONICA COMMUNITY COLLEGE DISTRICT

OFFICE OF HUMAN RESOURCES

REPORT OF ABSENCE

| | | | |
|------|-------|------|--------------|
| LAST | FIRST | M.I. | TODAY'S DATE |
|------|-------|------|--------------|

This is to certify that I was/will be absent from work on the following date(s): *LISTED BELOW*

| | |
|--|------------------|
| | TOTAL HOURS/DAYS |
|--|------------------|

My absence was/will be due to:

| | |
|---|--|
| <input type="checkbox"/> Bereavement (B) <i>relationship of deceased</i> _____ <input type="checkbox"/> Comp Time Use (C) <input type="checkbox"/> Family and Medical Leave (FMLA/unpaid) <input type="checkbox"/> Illness/Injury (I)* <input type="checkbox"/> Personal Business Unpaid (P) <i>Explain below (prior approval required)</i> | <input type="checkbox"/> Jury Duty (J) <i>Submit court appearance verification</i> <input type="checkbox"/> Necessity (N) <i>contract section</i> _____ <input type="checkbox"/> Vacation (V) *Is illness/injury work related? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| |
|---------|
| EXPLAIN |
|---------|

| | |
|-----------------------|------|
| SIGNATURE OF ABSENTEE | DATE |
|-----------------------|------|

Leave Approved
 Unauthorized Absence - Unpaid
 Request Review of Leave

| | | |
|------------------------------|----------------|------|
| SIGNATURE OF IMMEDIATE SUPV. | DEPT. LOCATION | DATE |
|------------------------------|----------------|------|

HUMAN RESOURCES USE ONLY

| | |
|--|---|
| <input type="checkbox"/> Extended Illness (EI) <i>to be used <u>only</u> when approved</i> | <input type="checkbox"/> Work Injury (WI) <i>to be used <u>only</u> when approved</i> |
| <input type="checkbox"/> Vacation Used in lieu of Illness (IV) <i>to be used <u>only</u> when ill leave has been exhausted</i> | |

Leave Approved
 Leave Denied

| | |
|-------------------|------|
| AUTHORIZATION BY: | DATE |
|-------------------|------|

white-payroll

yellow-supervisor

pink-employee