

PART-TIME FACULTY MONTHLY ABSENCE REPORT



Name: _____

Period Ending: 23rd of _____, 20_____

Last 4 SSN#: _____

Discipline: _____

Instructions: If paid by timesheet, complete and attach this form. If you want to be paid and have sufficient leave credits, notate missed hours with reason on the timesheet. If paid by Unit of Pay method (lump sum), submit this form to the Dean's office by the end of the month.

Absence Chart - mark X for the applicable reason

Dates	# Hrs	Check Absence Reason	Section #	Class Name	Who was your sub?	If no sub, explain
		<input type="checkbox"/> SL <input type="checkbox"/> PN <input type="checkbox"/> B <input type="checkbox"/> JS <input type="checkbox"/> C				
		<input type="checkbox"/> SL <input type="checkbox"/> PN <input type="checkbox"/> B <input type="checkbox"/> JS <input type="checkbox"/> C				
		<input type="checkbox"/> SL <input type="checkbox"/> PN <input type="checkbox"/> B <input type="checkbox"/> JS <input type="checkbox"/> C				
		<input type="checkbox"/> SL <input type="checkbox"/> PN <input type="checkbox"/> B <input type="checkbox"/> JS <input type="checkbox"/> C				
		<input type="checkbox"/> SL <input type="checkbox"/> PN <input type="checkbox"/> B <input type="checkbox"/> JS <input type="checkbox"/> C				
		<input type="checkbox"/> SL <input type="checkbox"/> PN <input type="checkbox"/> B <input type="checkbox"/> JS <input type="checkbox"/> C				

Reasons:

(SL) Personal illness - Article 8.1	
(PN) Personal necessity - Article 8.2	The maximum amount of personal necessity leave is limited to sixty percent (60%) of sick leave the Unit Member could earn in that semester.
(B) Bereavement - Article 8.3	Up to 3 days / 5 days (travel out of state or beyond radius of 300 miles) Relationship of deceased: _____ Date of death: _____ City/State: _____
(JS) Jury service - Article 8.4	Jury slip required.
(C) Conference - Article 8.5	

Signatures:

Instructor: _____

Date: _____

Dean: _____

Date: _____