

# EMPLOYEE ABSENCE REPORT

(use **after** return from a leave –report absences separately by month)

## ACADEMIC BARGAINING UNIT

For complete text, refer to Bargaining Unit Agreement

**NAME:** \_\_\_\_\_

**SS #:** \_\_\_\_\_

<u>LIST ABSENCE DATES</u>	<u># DAYS/HRs</u>	<u>REASON FOR ABSENCE</u>	
_____	_____ #days/hrs	<b>PERSONAL ILLNESS LEAVE</b> – Article 26	(01)
_____	_____ #days/hrs	<b>MATERNITY LEAVE</b> – Article 30 (treated in the same manner as illness leave)	(01)
_____	_____ #days/hrs	<b>PERSONAL NECESSITY</b> – Article 29 (deducted from available sick leave) (6 days/hrs maximum) __ FAMILY ILLNESS/APPTS.    __ EXTRA BEREAVEMENT __ OTHER Describe: _____	(40)
_____	_____ #days/hrs	<b>PERSONAL LEAVE</b> – Article 31 <b>Advanced written notification required</b> (deducted from available sick leave) (6 days/hrs maximum) (Attach a copy of advance written notification per above)	(64)
_____	_____ #days/hrs	<b>JURY SERVICE</b> - Article 38 (Often, extended dates/times are unknown...keep area administrator apprised...turn in court certification with your absence form. Submit Jury Fees paid to Fiscal Services.	(84)
_____	_____ #days/hrs	<b>WITNESS LEAVE</b> - Article 34 (Often, extended dates/times are unknown...keep area administrator apprised...turn in court certification with your absence form)	(86)
_____	_____ #days/hrs	<b>BEREAVEMENT LEAVE</b> - Article 35 (4 days/hrs intrastate; 5 days/hrs out-of-state <u>or</u> over 300 miles; 6 days/hrs over 1000 miles) Relationship of deceased: _____ City/State: _____	(81)
_____	_____ #days/hrs	<b>INDUSTRIAL ACCIDENT/JOB-INCURRED ILLNESS LEAVE</b> - Article 27, Appendix G (report must be on file with H/R) Original Date of injury/illness: _____	(83)

NOTE: For PROFESSIONAL OPPORTUNITY LEAVE (Article 32) and SABBATICAL LEAVE (Article 33) – refer to full text in Agreement and submit appropriate forms.

NOTE: For FAMILY LEAVE (FMLA/CFRA), see Appendix Q: Board Policy 4152.

\_\_\_\_\_  
Employee Signature  
Date \_\_\_\_\_

\_\_\_\_\_  
Area Administrator Signature  
Date \_\_\_\_\_

**PAYROLL USE ONLY:**

Requested leave unavailable. Charge \_\_\_\_\_ days/hrs to \_\_\_\_\_, or Dock \$ \_\_\_\_\_ on \_\_\_\_\_ Payroll

NOTE: \_\_\_\_\_