



Use separate form for each absence period and reason for absence. Do not combine multiple reasons on one form.

Please print or type and ensure all information is provided as omissions can delay processing. EMPLOYEE TIP SHEET

Last Name First Name Middle Name Employee ID Number

Service: Academic Classified

1. ABSENCE PERIOD: Dates: Full Days: Part of Day: AM PM

Faculty Unit Only: For Part of Day Absence Identify Hours of Scheduled Duties Per Day (Including Office Hours):

2. REASON:

A. ABSENCE CERTIFICATION: I certify I was absent from my duty during the absence period indicated in Section 1 was due to:

- Illness or Injury: Indicate nature of illness or injury:
Not the result of an Industrial Accident
Result of Industrial Accident that occurred on:

(Month/Day/Year)

- Personal Necessity: Indicate Reason:
1. Death of member of immediate family.
2. Accident involving my person.
3. Accident involving: a. My Property b. Person or property of a member of my immediate family.
4. Appearance in court as a litigant.
5. Appearance as witness under governmental order.
6. Illness of member of immediate family.
7. Birth of child - father.
8. Imminent danger to my home.
9. The following significant event which required my attention during my regular assigned working hours:

Illness or Injury Absences Instructions
Absences over 5 days require Physician Certification
Absences over 20 days also require Formal Leave of Absence
Employment elsewhere while on any illness/injury absence prohibited.
Physician / Other Practitioner Certification
I certify the above person was or is unable to perform his or her duties during the period indicated above due to illness or injury.
Signature of Licensed Physician/Other Practitioner Date

Reason

- Bereavement Out of State Travel Required? No Yes
Relationship Date of Death (Month/Day/Year)

B. ABSENCE REQUEST: I request to be absent from my position during the absence period indicated above due to:

- Annual Physical Exam - Requires supplemental Physician's Certification form.
Casual Absence
Compensatory Time Taken
Jury Duty
Non-Duty Time ("D" & "G" Basis Quota)
Personal Absence Leave (PAL Day) - Unit 1 Employees Only
Unpaid
Vacation
Work Related: Conference/Training Union Release Time Other:

Reason

C. SUPERVISOR'S REPORT OF EMPLOYEE ABSENCE: Absent Without Leave Unpaid Tardy Paid Tardy - Unit 1 Only

3. SIGNATURES:

Employee Date Supervisor / Department Chair Date