



**ACADEMIC/CLASSIFIED EMPLOYEE
 ABSENCE CERTIFICATION / REQUEST**

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

Su Yung-Ting Melari 768598
 Last Name First Name Middle Name Employee ID Number

SERVICE: ☒ Academic ☐ Classified

1. ABSENCE PERIOD: Dates: 7/20/23 7/20 Full Days: 0 0.5 hrs Part of Day: 12:00 12:30
 From To Number From To
☐ AM ☒ PM ☐ AM ☒ PM

FACULTY UNITY ONLY: For Part of Day Absence Identify Hours of Scheduled Duties Per Day (Including Office Hours): 6h

2. REASON:

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

☒ Illness or Injury: Indicate nature of illness or injury:

- ☒ Not the result of Industrial Accident
☐ Result of Industrial Accident that occurred on:

(Month / Day / Year)

B. ABSENCE CERTIFICATION/ REQUEST

☐ Family Medical Leave (FMLA) (check one below):
☐ Vacation ☐ Illness ☐ Unpaid

☐ Personal Necessity: Indicate reason:

- ☐ 1. Personal Business
☐ 2. Qualifying Event [Local 99 Only]
☐ 3. Death of immediate family member.
☐ 4. Accident involving my person.
☐ 5. Accident involving: ☐ a. My Property ☐ b. Person or property of a member of my immediate family.
☐ 6. Appearance in court as litigant.
☐ 7. Appearance as witness under governmental order
☐ 8. Illness of member of immediate family.
☐ 9. Birth of child – partner/domestic partner.
☐ 10. Imminent danger to my home.
☐ 11. The following significant event which required my attention during my regular assigned working hours:

Reason

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

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

EMPLOYEE: ALL <input type="checkbox"/> Court Subpoena (Witness) <input type="checkbox"/> Governmental Order <input type="checkbox"/> Jury Duty <input type="checkbox"/> Unpaid <input type="checkbox"/> Work-Related	EMPLOYEE: ADMINISTRATOR <input type="checkbox"/> Organization <input type="checkbox"/> Wellness Day [Teamsters Only] <input type="checkbox"/> Vacation	EMPLOYEE: FACULTY <input type="checkbox"/> Compensatory Time Taken <input type="checkbox"/> Conference / Meeting <input type="checkbox"/> Floating Vacation Day ["D"-Basis Only] <input type="checkbox"/> Maternity / Paternity <input type="checkbox"/> Non-Duty ["D" Basis Only] <input type="checkbox"/> Personal Annual Leave (PAL)
EMPLOYEE: CLASSIFIED <input type="checkbox"/> Annual Eye Exam – Requires supplemental Physician's Certification form. <input type="checkbox"/> Annual Physical - Requires supplemental Physician's Certification form <input type="checkbox"/> Casual Absence <input type="checkbox"/> Compensatory Time Taken <input type="checkbox"/> Non-Duty ["G" Basis Only] <input type="checkbox"/> Other (Specify):		

D. SUPERVISOR'S REPORT OF EMPLOYEE ABSENCE: ☐ Absence Without Leave ☐ Unpaid Tardy ☐ Paid Tardy - AFT 1521A only

3. SIGNATURES:

Melari Su 7/19/23
 Employee Date Supervisor Date



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EMPLOYEE TIP SHEET

Villamor

Cecilia

1062465

Last Name

First Name

Middle Name

Employee ID Number

SERVICE: ☒ Academic ☐ Classified

1. ABSENCE PERIOD: Dates: 7/20/23 7/20/23 Full Days: _____ Part of Day: 8:00 ☒ AM 10:30 ☒ AM
 From To Number From To ☐ PM ☐ PM

FACULTY UNITY ONLY: For Part of Day Absence Identify Hours of Scheduled Duties Per Day (Including Office Hours): 7

2. REASON:

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

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

 (Month / Day / Year)

B. ABSENCE CERTIFICATION/ REQUEST

- ☐ Family Medical Leave (FMLA) (check one below):
☐ Vacation ☐ Illness ☐ Unpaid

☐ Personal Necessity: Indicate reason:

- ☐ 1. Personal Business
☐ 2. Qualifying Event [Local 99 Only]
☐ 3. Death of immediate family member.
☐ 4. Accident involving my person.
☐ 5. Accident involving: ☐ a. My Property ☐ b. Person or property of a member of my immediate family.
☐ 6. Appearance in court as litigant.
☐ 7. Appearance as witness under governmental order
☐ 8. Illness of member of immediate family.
☐ 9. Birth of child – partner/domestic partner.
☐ 10. Imminent danger to my home.
☐ 11. The following significant event which required my attention during my regular assigned working hours:

Reason _____

☐ Bereavement _____

Relationship _____

Date of Death (Month/Day/Year) _____

Out of State Travel Required?

☐ No ☐ Yes

C. ABSENCE REQUEST:

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

EMPLOYEE: ALL

- ☐ Court Subpoena (Witness)
☐ Governmental Order
☐ Jury Duty
☐ Unpaid
☐ Work-Related

EMPLOYEE: ADMINISTRATOR

- ☐ Organization
☐ Wellness Day [Teamsters Only]
☐ Vacation

EMPLOYEE: FACULTY

- ☐ Compensatory Time Taken
☐ Conference / Meeting
☐ Floating Vacation Day ["D"-Basis Only]
☐ Maternity / Paternity
☒ Non-Duty ["D" Basis Only]
☐ Personal Annual Leave (PAL)

EMPLOYEE: CLASSIFIED

- ☐ Annual Eye Exam – Requires supplemental Physician's Certification form.
☐ Annual Physical - Requires supplemental Physician's Certification form
☐ Compensatory Time Taken ☐ Organization
☐ Non-Duty ["G" Basis Only] ☐ Personal Annual Leave (PAL)
☐ [AFT 1521A & Local 721]

- ☐ Parental [AFT 1521A only]
☐ Substitute Holiday for _____
☐ Union Activities _____
☐ Vacation
☐ Vacation in Lieu of Illness

☐ Other (Specify): _____

D. SUPERVISOR'S REPORT OF EMPLOYEE ABSENCE:

☐ Absence Without Leave ☐ Unpaid Tardy ☐ Paid Tardy - AFT 1521A only

3. SIGNATURES:

Cecilia Villamor
 Employee

7/20/23
 Date

[Signature]
 Supervisor

7.21.23
 Date