



Faculty Absence Report

To be Completed for Full-Time and Part-Time Faculty

*Note: Faculty Absence Report Must be Filed Immediately in the Certificated Payroll Office, 33 Gough Street to Insure Correct Processing of Time-rolls. **If this form is not filled out completely it will be returned to the department for correction.***

Today's Date _____ Empl ID# or SS# _____

Faculty Name: _____ Campus _____

Employee Status	Full Time	Part Time
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Absence Reason		
Illness	Personal Emergency	Jury Duty/Witness
Bereavement	Industrial Illness	Industrial Accident
Military Leave	Unpaid (<= 20 days)	Unknown
Other/Reason _____		
Release Time (Authorized By) _____		

<u>Dates of Absence</u>	<u>CRN#</u>	<u># of Hrs Absent</u>	<u>Substitute's Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Substitutes Were:	
Instructional Rate	Non-Instructional Rate
Not Provided	

_____ From: (Print Name) _____ Signature

Administrator's Signature _____