

NAME \_\_\_\_\_ ID NO \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL CAMPUS OR WORK LOCATION

PERIOD OF ABSENCE

FOR A TOTAL OF

\_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ THROUGH \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_  
DATE TIME DATE TIME NUMBER OF WORK HOURS

I AM REQUESTING / REPORTING MY ABSENCE FOR THE FOLLOWING REASON

- \_\_\_\_\_ VACATION
- \_\_\_\_\_ SICK LEAVE (incl. appointments; employee only)
- \_\_\_\_\_ PERSONAL NECESSITY LEAVE (choose one)  
Article 22A or PC Rules
- \_\_\_\_\_ COMP TIME
- \_\_\_\_\_ TIME OFF WITHOUT PAY
- \_\_\_\_\_ STATUTORY LEAVE (choose all that apply)
- \_\_\_\_\_ WORKERS' COMP (on-the-job injury/illness)
- \_\_\_\_\_ UNION RELEASE TIME
- \_\_\_\_\_ MILITARY LEAVE (attach copy of orders)
- \_\_\_\_\_ JURY DUTY/WITNESS (attach court documents)
- \_\_\_\_\_ BEREAVEMENT LEAVE  
\_\_\_\_\_  
(relationship of deceased and location)

SIGNATURE OF EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

*It is important that employees become well informed of the leave provision in the bargaining agreement or PC Rules before using this form. Managers email form to payroll@scccd.edu AND follow your campus payroll procedures.*

Employees Instructions: Complete your absence slip using using **your legal name**. Electronically sign the form using Adobe's Fill & Sign feature. Email the form to your supervisor.

Manager Instructions: Electronically sign the form.

Email the form to the payroll department at payroll@scccd.edu AND follow your campus payroll procedures.