HR
HUMAN RESOURCES DEPARTMENT
FACULTY

FACULTY ABSENCE FORM

DEPARTMENT: NAME:

DATATEL ID #: CAMPUS: ☐ Mission ☐ West Valley

☐ FT Regular Load ☐ FT Overload ☐ PT

FLEX ACCRUAL Flex Date: # of Hours Accrued: ***Attach proof of specific FLEX activity***

Month Absent: **Year:**

Please indicate actual hours missed in the date boxes below. Sick leave deduction is based on employee's scheduled hours (not including office hours), actual hours missed and the load base of the faculty member's class(es) or assignment (see Article 30 of the ACE contract).

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Tot
Lecture																	0
Lab																	0
Non-Instructional																	0

Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot
Lecture																0
Lab																0
Non-Instructional																0

Specific Reason for Absence/Check One:

☐ Illness/ Injury	☐ Work Related Illness/ Injury (Have Worker's Comp forms been completed?)	☐ Personal Necessity: Indicate a Specific Reason	☐ Jury Duty (Attach Jury Duty forms)
☐ Bereavement: Indicate Relationship City/State of Deceased		☐ Conference (attach approved conference forms)	☐ Military

After three consecutive days of absence, the President or designee may require a statement from the member's physician that the member is able to fully perform job duties upon return from illness or injury leave.

If you are exchanging hours with another faculty member indicate their name (s) and the date(s) of the exchange:

If another faculty member is substituting for you, indicate their name:

☐ Approved ☐ Not Approved ☐ LOA forms needed

Employee Signature ***Date***

Division Chair Signature ***Date*** ***Vice President/Dean or Designee Signature*** ***Date***

HR Use Only

# of lecture hours	0	* multiplier	0	= hours deducted	0	Total Deducted
# of lab hours	0	* multiplier	0	= hours deducted	0	0
# of assigned hours	0	* multiplier	0.915	= hours deducted	0	