On the back of this form are various leave options available for recording absences from employment. In the space(s) below, indicate the date(s) you were/will be absent along with the number of hours and the reason for your absence.

_______________________________________ WAS_____ / WILL BE_____ ABSENT.

EMPLOYEE NAME (Please Print)

Check here if this is to change a prior record.

DATE(s) ___________ FROM________ am/pm TO________ am/pm TOTAL HRS________ CHARGE TO_______________

DATE(s) ___________ FROM________ am/pm TO________ am/pm TOTAL HRS________ CHARGE TO_______________

DATE(s) ___________ FROM________ am/pm TO________ am/pm TOTAL HRS________ CHARGE TO_______________

DATE(s) ___________ FROM________ am/pm TO________ am/pm TOTAL HRS________ CHARGE TO_______________

DATE(s) ___________ FROM________ am/pm TO________ am/pm TOTAL HRS________ CHARGE TO_______________

Employee Signature                                      Today's Date

Supervisor Signature                                      _____ Approve _____ Disapprove   ___________

If Unpaid Leave, Human Resources Specialist-Benefits Signature   Date

NOTES -

CHANGES TO ABOVE -

a) To change a previously submitted EMPLOYEE ABSENCE FORM after the date(s) identified for the absence, you must first obtain the approval of your supervisor and the Administrator of Human Resources (use EMPLOYEE ABSENCE REVISION FORM).

b) Situations not covered by BP/G-155 will be handled on an individual basis by the College Human Resources Office.
**LEAVE OPTIONS / ELIGIBILITY**

<table>
<thead>
<tr>
<th>OFFICE/TECH</th>
<th>CUSTODIAL</th>
<th>FACULTY</th>
<th>MANAGERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VACATION</strong></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**SICK LEAVE**
- Must specify Family (F) or Personal (S)
- See union contract/Board Policy

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONAL LEAVE</strong></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**NON-CONTRACT TIME**
- Employees with reduced work year spread over 52 weeks

<table>
<thead>
<tr>
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<th>MANAGERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NON-CONTRACT TIME</strong></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**OTHER**
- See Union Contract and/or Board Policy
- Bereavement, Jury, Military, Child Rearing, etc.

<table>
<thead>
<tr>
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<th>MANAGERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNPAID LEAVE</strong></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Administrative Procedures, BPG-155.1
- Cannot be for less than one full day;
- Not to exceed five (5) days/fiscal year;
- Vacation or personal leave must be used first, if available. Wages lost cannot be made up;
- Employee will be billed daily rate for medical and dental insurance.

* In some cases a particular alternative may not be available to an employee or employment classification. If this occurs, the employee's supervisor shall determine how the employee shall compensate the district for the lost work time.