Cabrillo College

ABSENCE REPORT

NAME: _____

DATATEL ID: _____

FOR THE ENTIRE MONTH OF: _____

DATE	*CODE*	*# HOURS*		*DATE*	*CODE*	*# HOURS*

REASONS FOR ABSENCE:

V Vacation
S Sick Leave (Personal Illness)
PN Personal Necessity
Specify Reason: _____
FI Critical Illness in Immediate Family
Specify Relation: _____
B Bereavement: Specify Relation: _____
C Comp Time
CT Contract Day Off
IA Industrial Accident
J Jury Duty
U Unpaid

I certify that I was absent from duty for the reason and for the length of time stated above.

_____ Date: _____
Employee's Signature

_____ Date: _____
Supervisor/Administrator/Division Dean Signature

POSTED: _____ Date: _____

SUBMIT TO PAYROLL OFFICE

Cabrillo College

ABSENCE REPORT

NAME: _____

DATATEL ID: _____

FOR THE ENTIRE MONTH OF: _____

DATE	*CODE*	*# HOURS*		*DATE*	*CODE*	*# HOURS*

REASONS FOR ABSENCE:

V Vacation
S Sick Leave (Personal Illness)
PN Personal Necessity
Specify Reason: _____
FI Critical Illness in Immediate Family
Specify Relation: _____
B Bereavement: Specify Relation: _____
C Comp Time
CT Contract Day Off
IA Industrial Accident
J Jury Duty
U Unpaid

I certify that I was absent from duty for the reason and for the length of time stated above.

_____ Date: _____
Employee's Signature

_____ Date: _____
Supervisor/Administrator/Division Dean Signature

POSTED: _____ Date: _____

SUBMIT TO PAYROLL OFFICE