

YUBA COMMUNITY COLLEGE DISTRICT

Leave Request/Report of Absence

Directions:

1. Employee completes Leave Requested section of this form and submits to his/her immediate supervisor in advance of leave. When advance notice is not possible (i.e., sick leave), employee submits form upon return to duty.
2. Employee obtains supervisor's signature and retains original form until he/she returns from leave.
3. Upon return from leave, employee completes Absence Reported section and returns original form to his/her supervisor.
4. Supervisor signs leave form and submits original to the Personnel Department. Copies may be made as needed for Employee and Supervisor.
5. **This form may be used to report more than one type of absence, i.e., sick leave, vacation, etc. This form may be submitted monthly.**

Employee Name: _____ **Colleague ID No.:** _____

Position: _____ **Date:** _____
 Full-Time Extra Pay (Faculty) Part-Time

LEAVE REQUESTED: Date(s) of leave requested: from _____ to and including _____ for a total of _____ (days/hours).

EXPLANATION FOR LEAVE/ABSENCE:

Academic, Administrative, Classified, Classified Supervisors and Confidential:

- | | |
|---|---|
| <input type="checkbox"/> Bereavement - Relationship: _____ | Location: _____ |
| <input type="checkbox"/> Jury Duty (Attach Jury Notice) | <input type="checkbox"/> Sick Leave (Attach doctor's release if 5 days or more) |
| <input type="checkbox"/> Military Leave (Attach copy of Orders) | <input type="checkbox"/> Injured While On Duty (Workers' Compensation) |
| <input type="checkbox"/> Personal Necessity | <input type="checkbox"/> Other: _____ |

Administrative Only:

- | | | | |
|---|-----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Non-Duty | <input type="checkbox"/> Floating Holiday | <input type="checkbox"/> Vacation |
|---|-----------------------------------|---|-----------------------------------|

Classified, Classified Supervisors and Confidential Only:

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative (Classified Supervisors and Confidential Only) | <input type="checkbox"/> Floating Holiday | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Compensatory Time-off (Classified Only) | <input type="checkbox"/> Personal Business | <input type="checkbox"/> Deduct Absence from Salary |

Employee's Signature: _____ **Date:** _____

Leave/Absence () authorized () not authorized: _____
Supervisor's Signature Date

ABSENCE REPORTED: Type(s) and period(s) of absence, indicate below:	Dates of Absence	
Type(s) of Absence	Days / Hours	From To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

Employee's Signature: _____ **Date:** _____

Leave/Absence () authorized () not authorized: _____
Supervisor's Signature Date