Leave Reporting: Employee Absence Report

Name _____   **Banner ID#** _____

Department: _____   **Extension:** _____

Start Date: _____   **End Date:** _____

Total Hours & Minutes Absent: _____

Reason for Absence: *(please check the appropriate leave type)*

_____ **Jury Duty** *(verification from Courthouse attached)*

_____ **Conference Attendance** *(attendance verification from conference attached)*

_____ **Bereavement (up to 5 days)** *(relationship & location required for processing)*

    Relationship: _____

Per Article 8.11.8, "immediate family" means the child, stepchild, mother, father, stepmother, stepfather, grandmother, grandfather, or grandchild of the unit work or the spouse of the unit worker, or the spouse, son-in-law, daughter-in-law, brother or sister of the unit worker or any other significant person living in the unit worker's immediate household. (Also reference Education Code 88194)

If the relative relationship is not included above, please submit as Personal Necessity (SICK) or other leave type, following appropriate approval guidelines.

_____ **Military Leave** *(verification documents attached)*

_____ **Industrial Illness** *(verification documents attached)*

_____ **Unpaid**

    Reason: _____

_____ **Other**

    Reason: _____

_____   _____
Employee Signature   Date

_____   _____
Supervisor Signature   Date