

**FACULTY ABSENCE FORM**

DEPARTMENT:

NAME:

BANNER G #:

CAMPUS:

Mission

West Valley

FT Regular Load

FT Overload

PT

**Month Absent:**

**Year:**

Please indicate contact hours or actual hours for non-instructional 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																	
Lab																	
Non-Instructional																	
Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot	
Lecture																	
Lab																	
Non-Instructional																	

**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:

\_\_\_\_\_  
Employee Signature                      Date                      Approved                      Not Approved                      LOA forms needed

\_\_\_\_\_  
Administrative Assistant/ Specialist Signature                      Date                      Dean or Designee Signature                      Date

# of lecture hours		* multiplier		= hours deducted		Total Deducted
# of lab hours		* multiplier		= hours deducted		
# of non-instruc hrs		* multiplier		= hours deducted		