

SANTA BARBARA CITY COLLEGE
NON-CREDIT CERTIFICATED EMPLOYEE'S ABSENCE REPORT

Name: _____ Department: _____ () Part-time, () Full-time

Employee K#: _____

Date(s): **M T W T H F S** _____ Total Hours: Lec _____ Lab _____

Reason for Absence: (check one)

- () Illness () Personal Necessity
() AB 109 (illness): Child () Spouse () Parent () (check one) () Jury Duty*
() Bereavement *** () Authorized Leave **
() Industrial Accident

• *If **Jury Duty** – please give Jury Duty check to cashier in the Student Services Building, Room 150.

• ** If **Authorized Leave** – please state reason _____

• *** If **Bereavement Leave** – please state relationship of deceased _____

(If Bereavement Leave – please check one of the following: In State (), Out of State ())

Personal Necessity Leaves should be approved by the Division Dean in advance when possible (District Policy Section 2022.8)

For office use only: () **REQUEST APPROVED WITH PAY**

() **REQUEST APPROVED WITHOUT PAY**

Submitted by _____ Approved by: _____ Date: _____

Print Name _____ Print Approver's Name _____

SUBSTITUTES MUST BE APPROVED FOR PAYMENT BY A DEAN

(Account number 11000.4075.134050.493000)

Instructor _____ Class _____ Date _____ Lec Hrs _____ Lab Hrs _____

Instructor _____ Class _____ Date _____ Lec Hrs _____ Lab Hrs _____

Instructor _____ Class _____ Date _____ Lec Hrs _____ Lab Hrs _____

APPROVED BY: Dean's Signature: _____ Date: _____

Print Approvers Name: _____