

Please fill out electronically, print, sign and submit an absence report to the Instructional Support Services Office by the 25<sup>th</sup> of each month.

First Name:		Last Name:	
Month:		Year:	

Date(s) of Absence:

<b>1)</b> Hours: Type:	<b>2)</b> Hours: Type:	<b>3)</b> Hours: Type:	<b>4)</b> Hours: Type:	<b>5)</b> Hours: Type:	<b>6)</b> Hours: Type:
<b>7)</b> Hours: Type:	<b>8)</b> Hours: Type:	<b>9)</b> Hours: Type:	<b>10)</b> Hours: Type:	<b>11)</b> Hours: Type:	<b>12)</b> Hours: Type:
<b>13)</b> Hours: Type:	<b>14)</b> Hours: Type:	<b>15)</b> Hours: Type:	<b>16)</b> Hours: Type:	<b>17)</b> Hours: Type:	<b>18)</b> Hours: Type:
<b>19)</b> Hours: Type:	<b>20)</b> Hours: Type:	<b>21)</b> Hours: Type:	<b>22)</b> Hours: Type:	<b>23)</b> Hours: Type:	<b>24)</b> Hours: Type:
<b>25)</b> Hours: Type:	<b>26)</b> Hours: Type:	<b>27)</b> Hours: Type:	<b>28)</b> Hours: Type:	<b>29)</b> Hours: Type:	<b>30)</b> Hours: Type:
<b>31)</b> Hours: Type:					

Please fill in the amount of hours missed and the type of hours for each day missed using the key below..

a. Sick Leave Deduction	e. Jury Duty
b. Personal Necessity	f. Excused with No Pay
c. Sick Leave @ Half Pay	g. Vacation
d. Bereavement Leave	h. Comp Time

Instructor:		Date:	
VP Instruction:		Date:	