

# Mt. San Jacinto Community College District

## ABSENCE REQUEST AND REPORTING FORM

NAME: \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

(Located on your pay stub)

JOB TITLE: \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ HOURLY \_\_\_\_\_

DATES OF LEAVE REQUESTED OR BEING REPORTED: \_\_\_\_\_  
 (Example: 2/8 Mon 4.50 Sick, 2/10 Wed 8.00 Vac)

FACULTY: LIST CLASSES MISSED: \_\_\_\_\_ LEC. HRS: \_\_\_\_\_ LAB HRS: \_\_\_\_\_ OFFICE HRS: \_\_\_\_\_

**ENTER AMOUNT OF LEAVE IN HOURS ONLY: Please see below for more information regarding instructions**

- \_\_\_\_\_ VACATION (Annual Leave)
- \_\_\_\_\_ SICK LEAVE
- \_\_\_\_\_ DISCRETIONARY / KIN CARE LEAVE \* explanation required
- \_\_\_\_\_ PERSONAL NECESSITY LEAVE\* explanation required
- \_\_\_\_\_ EARNED COMP TIME
- \_\_\_\_\_ BEREAVEMENT - IMMED. RELATIVE\*
- \_\_\_\_\_ JURY DUTY (TENTATIVE / ACTUAL)
- \_\_\_\_\_ LEAVE WITH OUT PAY\*

**PAYROLL USE ONLY**

- Catastrophic Leave
- Family Medical Leave
- Family School Partnership Act
- Military Leave
- Pregnancy Disability Leave
- Workers' Compensation
- Disaster Recovery Time Off

**\*EXPLANATION:** \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEAN, VICE PRESIDENT (IF NEEDED) \_\_\_\_\_ DATE \_\_\_\_\_ SUPERINTENDENT/PRESIDENT (IF NEEDED) \_\_\_\_\_ DATE \_\_\_\_\_

### INSTRUCTIONS

1. All leaves shall be requested or reported using the Absence Request and Reporting Form, as published/updated by the Payroll Department. For legibility, DO NOT USE PENCIL TO SIGN THE FORM.
2. The following leave must be requested, approved or reported in advance, unless prior notice is not possible: Vacation, Leave Without Pay, Kin-Care, Jury Duty (include a copy of the summons), Personal Necessity, Bereavement, Known Sick Leave or Workers' Comp (Scheduled medical/dental leave, non-emergency hospitalizations, therapy, etc.), Military Leave (include a copy of orders), and Earned Compensatory Time off.
3. Unexpected absences due to illness or other reasons must be reported to the supervisor daily, by telephone, at the beginning of the work period. On the first day back-to-work, an Absence Request and Reporting Form must be submitted to the supervisor, along with a doctor's release/statement, if required.
4. The Absence Request/Reporting Form must be signed by the faculty/staff member and by the supervisor. In cases of personal necessity leave, the faculty member need not explain the reason on the form. However, personal necessity leave shall not be used for recreation, job-hunting/interviewing or to work elsewhere. When a CSEA member does not wish to divulge the reason for personal necessity to the supervisor, he/she must explain the reason to the Vice President (VP) of Human Resources. The VP will then contact the supervisor to authorize the supervisor's approval. Personal necessity for CSEA members shall follow provisions in the current bargaining unit contract.
5. One day (or less) of leave without pay may be approved by the immediate supervisor. Up to five (5) consecutive work days may be approved by the appropriate dean, or vice president. Up to ten (10) consecutive work days may be approved by the Superintendent/President. Any period greater than ten (10) consecutive work days must be approved the Board of Trustee.
6. Family and medical leave may be requested by the faculty/staff member or may be activated by the District upon written notification to the faculty/staff member. The District complies with all Federal and State laws with regard to family and medical leave.
7. After signing, the Dean/Supervisor will submit the original to Payroll Department and return the copy to the faculty/staff member.
8. Unapproved absences may result in leave without pay and/or disciplinary/remedial action.
9. On-the job accident and illness leave (Workers' Comp leave) must be reported, but is not subject to disapproval by the supervisor. The form is used to notify the supervisor of the absence and to track the total amount of time used. Accident and illness leave is limited to sixty (60) days per fiscal year.

10. **REQUEST TO CANCEL PREVIOUSLY SUBMITTED ABSENCE REQUEST FORM.** When canceling a previously submitted Absence Request Form (ARF), the faculty/staff member should write "CANCEL" across a copy of the request, sign below indicating they wish to cancel the request and have the Supervisor/Dean sign below to indicate all parties have been advised of the cancellation.

Employee's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_