

Mt. San Jacinto Community College District

ABSENT REQUEST AND REPORTING FORM

NAME: _____ EMPLOYEE NO. _____
(Legal Name On File With Human Resources) (Located on your pay stub)

JOB TITLE: _____ FT CL/CE _____ PART-TIME _____ HOURLY _____
Classified Certified Adjunct

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

FT FACULTY & PT ADJUNCT: _____
 LIST SECTION(S) MISSED: _____ LEC. HRS: _____ LAB HRS: _____ OFFICE HRS: _____

ENTER AMOUNT OF LEAVE IN QUARTER HOURS ONLY: Please see below for more information regarding Instructions

_____ VACATION (Annual Leave)
 _____ SICK LEAVE
 _____ DISCRETIONARY / KIN CARE LEAVE * explanation required CL
 _____ PERSONAL NECESSITY LEAVE* explanation required CL
 _____ BEREAVEMENT - IMMED. RELATIVE*
 _____ JURY DUTY (TENTATIVE / ACTUAL)

_____ Floating Holiday Earned-CL Only
 _____ Earned Comp Time Leave-CL Only
 _____ ABSENT Without Pay

***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 leaves must be requested, approved, or reported in advance, unless prior notice is not possible: Vacation, Leave Without Pay, Kin-Care, Jury Duty (**include copy of summons for 'tentative', include certification of attendance for 'actual' (this includes first day called in)**), Jury Fees to be reimbursed to MSJC, Personal Necessity, Bereavement (include family member i.e. father, mother, etc. per CBA guidelines), Medical Sick Leave, or Workers' Compensation (scheduled medical /dental leave, non-emergency hospitalization, therapy, etc.) Military Leave (include 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 per. 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 and 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 supervisory, s/he must explain the reason 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. 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.
6. After signing, the Dean/Supervisor will submit the original to Payroll Department and return the copy to the faculty/staff member.
7. Unapproved absences may result in leave without pay and/or disciplinary/remedial action.
8. 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.
9. 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. *Note, there is no partial cancellation, the entire form must be cancelled and resubmitted for uncanceled dates.

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Employee's Signature: _____

Supervisor's Signature: _____

