

Mt. San Jacinto Community College District ABSENCE REQUEST AND REPORTING FORM

NAME: _____

JOB TITLE: (TLE:)(TLE:)-2009RLY _____

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: _____

- 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

- All leaves shall be requested or reported using the Absence Request and Reporting Form, as published/updated by the Payroll Department.

include a copy of the summons



- 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: _____