

**SANTA BARBARA CITY COLLEGE
CERTIFICATED EMPLOYEE'S ABSENCE REPORT**

Name: _____ Department: _____ () Contract () Part-time

Employee K#: _____

Date(s): M T W T H F _____ Total Days: _____ OR 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, Rome 150.
- ** If **Personal Necessity or 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: _____

SUBSTITUTES MUST BE APPROVED FOR PAYMENT BY A DEAN

(Account number 11000.4072.134011.493000)

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

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

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

APPROVED BY DEAN: _____ Date: _____