

MIRACOSTA COMMUNITY COLLEGE DISTRICT

EMPLOYEE ABSENCE REPORT FORM

EMPLOYEE: _____ PAY ID#: _____

DATE(S) OF ABSENCE: From: _____ To: _____ TOTAL HOURS ABSENT: _____

TYPE OF ABSENCE: (please check one)

☐ Sick Leave (Illness, Injury, Doctor Appt.) *** Absence of over 5 days requires a doctor's note

☐ Jury Duty **Must attach court time slip ☐ Vacation

☐ Unpaid Time Off ☐ Workers' Comp

☐ Personal Necessity — Indicate Reason: _____

Vice-President's Approval: _____

Division Vice-President's Signature

☐ Bereavement Leave — Relationship: _____

Out of state travel required? ☐ YES ☐ NO [3 days in the state; 5 days outside the state]

☐ Other Absence: _____
(Military Duty, School Business, Court Subpoena)

Employee's Signature

Date

Supervisor's Signature

Date

INSTRUCTIONS FOR COMPLETING EMPLOYEE ABSENCE REPORT FORM:

1. Enter employee name and PAY ID number.
(Please e-mail the payroll office if you need your PAY ID number — payroll@miracosta.edu).
2. Enter beginning and ending dates and total hours absent.
3. Mark appropriate box specifying type of leave taken.
4. Enter any appropriate remarks/reasons applying to Personal Necessity, Bereavement Leave or Other Absence.
5. Sign and date the form and have Supervisor sign and date the form. **In the case of Personal Necessity, the reason must be approved/signed by the division Vice-President.**
6. Make a copy for your records. Send the original to Payroll.
7. Payroll will e-mail employee current leave balances once absence has been recorded.

**PLEASE MAKE SURE THE FORM HAS ALL APPROPRIATE SIGNATURES
BEFORE FORWARDING TO THE PAYROLL OFFICE.**