

# ABSENCE FROM CAMPUS

**✍ Please check this box if you are submitting this form as a revision for time/days previously submitted.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Work coverage details:

**CLASSIFIED:** Are there critical areas that must be attended? How will routine functions be covered? Who will assist? Initial below.

\_\_\_\_\_

**ACADEMIC:** If classes are involved, how will they be covered? \_\_\_\_\_

\*\* A copy of this form should be forwarded to the individual(s) who will be covering the duties, please make sure initialed.

**TYPES OF LEAVE**

**SB** = School Business

**P** = Personal

**IA** = Industrial Accident

**B** = Bereavement

**PD** = Pay Dock (Leave without pay)

**S** = Sick Leave

**FI** = Family Illness

**V** = Vacation

**C** = Comp Time

**O** = Other than codes not already listed

\***O**=Jury duty, floating holidays, etc

**\*\*Please note that Personal time comes out of sick leave**

\*Please indicate on the explanation line what **Type of Leave** from which you want your "**O**" taken from.

**✍ Please list any differences in times and dates on separate lines unless dates run consistently with equal amount of hours in each day that will be taken.**

| DATE OF ABSENCE | NO. OF HRS TAKEN (and/or) | NO. OF DAYS TAKEN | TYPE OF LEAVE | EXPLANATION (if needed) |
|-----------------|---------------------------|-------------------|---------------|-------------------------|
| _____           | _____                     | _____             | _____         | _____                   |
| _____           | _____                     | _____             | _____         | _____                   |
| _____           | _____                     | _____             | _____         | _____                   |
| _____           | _____                     | _____             | _____         | _____                   |
| _____           | _____                     | _____             | _____         | _____                   |

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

Approval: \_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Initials of Individual (s) designated to cover duties

Approval: \_\_\_\_\_  
Supervising Senior Administrator

Form must be completed by all Palo Verde College employees who will be absent from campus during assigned work hours. In instances where preliminary planning is impossible, e.g. illness, the employee must contact the immediate supervisor as soon as possible and complete the form upon return to work.

**If classes will be missed, the Vice President of Instructions Office MUST be notified so classes can be posted.**

White Copy: Administrative Services

Yellow Copy: Employee