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. - Absences over 5 days requires doctor's note)

☐ Workers Comp ☐ Vacation

☐ Jury Duty (must attach court time slip) ☐ Unpaid Time Off

☐ Personal Necessity: Indicate Reason:_____

Vice-President's Approval:_____

☐ Bereavement Leave: Relationship_____

Out of state travel required? _____(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

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INSTRUCTIONS FOR COMPLETING EMPLOYEE ABSENCE REPORT FORM:

1. Enter employee name and PAY ID number. (Please e-mail the payroll office payroll@miracosta.edu if you need your PAY ID number).
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 or Other Absences.
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 and 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.