

Ventura County Community College District
EMPLOYEE ABSENTEE REPORT
 (To be completed monthly *only*)

Check one:

Management _____
 Faculty:
 Contract _____
 Non-contract _____
 Classified _____

EMP ID: _____
 Employee: _____
 Location: _____

MONTH OF _____ 20____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Bereavement (B) _____ hours	Vacation (V) _____ hours
Injury on the job (I) _____ hours	Sick Leave (SL) _____ hours
Date of Injury _____	Floating Holiday (FH) _____ hours
Leave of Absence w/o pay (L) _____ hours	Jury Duty/Subpoena _____ hours
Personal Necessity (PN) * _____ hours	Parental Leave (Faculty only) _____ hours
CT (Comp Time) Taken _____ hours	Maternity Leave (Classified only) _____ hours
	Compassionate Leave (CL) ** _____ hours

* Chargeable to sick leave.

** When all other applicable leave exhausted.

Explanation (Personal Necessity reason or relationship for Bereavement Leave) _____

See appropriate contract for specific details on above leaves.

Signature of Immediate Supervisor/Administrator _____ Date _____ Signature of Employee _____ Date _____

For Payroll Dept. use only

_____ Payroll Deduction \$ _____ for _____ hours at _____/hour.

Date: _____ Payroll: _____

Comments: _____

Original (White)–District Payroll Office

Yellow–Employee