

Santa Clarita Community College District
STATEMENT OF ABSENCE
Adjunct Faculty

Instructions: Statement of Absence is due within 24 hours of date of return to work.

Name: _____ Division/Dept.: _____

I request that my absence on date(s) _____ be charged to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Sick Leave* | <input type="checkbox"/> Dock (Reduced Pay) | <input type="checkbox"/> Jury Duty (up to 5 paid days; attach certificate) |
| <input type="checkbox"/> Personal Necessity | <input type="checkbox"/> Bereavement (3-5 days; see contract)
Relationship _____ | Paid College Business |

For course section name/number(s): _____ **Total of hours absent:** _____

Comments: _____

Employee Signature: _____

Name of Substitute (if approved and applicable): _____

Dean Approval: _____ *One hour of sick leave shall be granted for each 18 hours of Instruction.

PAYROLL USE ONLY:

Avail. _____ Used _____ Bal. _____