

Santa Clarita Community College District
STATEMENT OF ABSENCE
 Contract and Regular Faculty

Instructions: Statement of Absence is due within 5 working days from the date of return to work.

Name: _____ Division: _____

All areas must be completed before submittal to Payroll:

Date of Absence	Absence Code	Include the following description in this area: Class Section Number, Division Meeting, Office Hours	Hours Absent

***Absences are based on actual hours absent for all sessions including Summer and Winter.**

Note: For Fall and Spring semesters, if some service is rendered on a service day and no assignments are missed, no sick time will be charged. However, actual hours missed performing required faculty assignment duties, as stated in 12.A.2, will be deducted on an hour for hour basis. Office hours not rescheduled within a week of the use of leave hours should be noted on the form.

Absence Codes: **S=Sick**; **PN=Personal Necessity** (charged to Sick; 7 days max/fiscal year; **JD=Jury Duty** (attach certification); **P=Paid College Business**; **B=Bereavement** (up to 5 days) Relationship _____; **U=Unpaid Absence**

Comments: _____

Employee Signature: _____

Name of Substitute (if approved and applicable) _____

Dean Approval: _____

RETURN COMPLETED FORM TO DEAN (Dean will forward to Payroll upon approval)

PAYROLL USE ONLY: SICK/PN		
Avail: _____	Used: _____	Balance: _____