



FACULTY ABSENCE FORM

DEPARTMENT:

NAME:

DATATEL ID #:

CAMPUS:

Mission

West Valley

FT Regular Load

FT Overload

PT

FLEX ACCRUAL Flex Date:

# of Hours Accrued:

Attach proof of specific FLEX activity

Month Absent:

Year:

Please indicate actual hours missed in the date boxes below. Sick leave deduction is based on employee's scheduled hours (not including office hours), actual hours missed and the load base of the faculty member's class(es) or assignment (see Article 30 of the ACE contract).

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Tot
Lecture																	
Lab																	
Non Instructional																	
Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot	
Lecture																	
Lab																	