

Cc and

## CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT Office of Human Resources Absence Report Form



**Instructions:** Faculty members are required to record on this form any absence for any reason from obligatory duties and responsibilities. This is the basic form used for payroll.

Locati	ion:		Chabo	t College	;		Las Positas Colle	ege			District	Office
Office	:		Acade	mic Serv	vices		Student Personn	nel			Other	
(Please F <b>Subm</b>	Print) itted by:	: 		(Faculty	member)			W#	Do no	ot use	SSN	
Date(s	s) of Abs	sen	ce:									
Reaso	on for ab	sei	nce:									
□ C	onferenc	е		Administi	rative		Industrial Acciden	nt (repo	rt to be fi	iled wit	th Business	Office)
Contra	act leave	<b>S:</b> (	complete "re	equest for lea	ave" form f	or all bui	t personal illness)					
		ece	essity (dec	njury duct from sic			Bereavement Maternity leave Judicial Leave Military Leave		Per	sona		<b>ay</b> faculty only)
Note: ref				-	-	-	-	_	1.1	م رامر	o nt time o	
lf a sala	aried em	ploy	/ee, indic	ate perce	entage	(%) of	Partial workday day absent: ours absent:		%		part-time	
<b>Perioc</b> If a sala	aried em	oloy d er	/ee, indic	ate perce	entage	(%) of r of hc	day absent:		%		Class ncelled	Combined or other
Perioc If a sal If an ho urse #	aried em ourly-paid Lecture	oloy d er	/ee, indic nployee,	ate perce indicate	entage ( numbe	(%) of r of hc	day absent: ours absent: Substitute's signature		%		Class	
Perioc If a sal If an ho urse #	aried em ourly-paid Lecture	oloy d er	/ee, indic nployee,	ate perce indicate	entage ( numbe	(%) of r of hc	day absent: ours absent: Substitute's signature		% hours		Class	
Perioc If a sal If an ho urse #	aried em ourly-paid Lecture	oloy d er	/ee, indic nployee,	ate perce indicate	entage ( numbe	(%) of r of hc	day absent: ours absent: Substitute's signature		% hours or		Class	
Perioc If a sal If an ho urse #	aried em ourly-paid Lecture	oloy d er	/ee, indic nployee,	ate perce indicate	entage ( numbe	(%) of r of hc	day absent: ours absent: Substitute's signature		% hours or or		Class	
Perioc If a sal If an ho urse #	aried em ourly-paid Lecture	oloy d er	/ee, indic nployee,	ate perce indicate	entage ( numbe	(%) of r of hc	day absent: ours absent: Substitute's signature		% hours or or or		Class	
Perioc If a sal If an ho urse #	aried em ourly-paid Lecture	oloy d er	/ee, indic nployee,	ate perce indicate	entage ( numbe	(%) of r of hc	day absent: ours absent: Substitute's signature		_% hours or or or or or or		Class	
Perioc If a sala If an ho urse # Section	aried em ourly-paid Lecture or Lab		vee, indic nployee, Time	Ate perce	Subst	(%) of r of ho itute	day absent:		% hours or or or or or or or	ca	Class	or other
Period If a sala If an ho urse # Section Facult	aried em ourly-paid Lecture or Lab	ploy d er	yee, indic nployee, Time	Hours	Subst	(%) of r of ho itute	day absent:		% hours or or or or or or or or Da	( ca	Class ncelled	or other
Period If a sala If an ho urse # Section Facult	aried em ourly-paid Lecture or Lab	ploy d er	yee, indic nployee, Time	Hours	Subst	(%) of r of ho itute	day absent:		% hours or or or or or or or or Da	( ca	Class	or other

**Distribution:** 

Please send original form to faculty member and substitutes for signature. Return to office location immediately for processing.

Division Dean's Office please provide contact number in case Payroll has questions and submit signed copies to payroll for processing. This is the basis for payment. If substitution is less than thirty (30) minutes, payment will not be made; box above should be checked "class cancelled" or "combined or other"

Reference: Articles 11A, 11A.4, 11B-1, 11B-2, 11C, 11D, 11E, 11F, 11G, 11H, 11I – Faculty Collective Bargaining Agreement