

**WASHTENAW COMMUNITY COLLEGE
FACULTY ABSENTEE REPORT FORM**

Print Name: _____ Employee ID: _____

***** PLEASE USE ONE ABSENTEE FORM PER WORK WEEK *****

	Number of Hours Absent Each Day	Date(s) Absent	Time(s) Absent
		Month/Day/Year	
Sick Leave			
Vacation Leave			
Personal Business Leave			
Faculty Non-Reporting Days			
Faculty Professional Improvement/Development			
Floating Holiday			
Bereavement			
Jury Duty			
Union or Association			

*Notification of leave is to be submitted on an Absentee Report Form at least two (2) working days prior to leaving campus. Emergency Leave (i.e. sick, funeral) is to be reported to the Office of Human Resource Management via Absentee Report Form within one (1) working day of absence.

Faculty:

--- When submitting time: 4hours and under =4hours, anything over 4hours = 8hours ---
Time absent during Spring/Summer semesters does affect overload...no charge to leave accrual.

Substitute covered my assignment

Name of Substitute _____

Approved leave time for college business, jury duty or bereavement and **does not** affect overload.

Reason for absence _____

Time absent is during base load assignment and **does not** affect overload.

Time absent is during overload assignment and **does** affect overload pay.

Number of absent **overload hours** _____

Signature of Employee

Date Submitted

Signature of Dean

Date Submitted

Send completed form to the Office of Human Resource Management

For Human Resource Management/Payroll Use Only

Number of hours to be docked: _____

Payroll Info only:

HRS: _____ X RATE _____ = \$\$ _____