

# FOOTHILL DE ANZA COMMUNITY COLLEGE DISTRICT

## Faculty Leave Reporting – EXCEPTIONS ONLY

\*Reference Leave Reporting on Faculty Agreement Article 16

**NOTE: Five or more consecutive days of sick leave requires a Physician's Statement to be forwarded to Campus Payroll or District HR**

Employee ID \_\_\_\_\_ Name: \_\_\_\_\_ (Please print)  
First Last

FACULTY LOAD TYPE	TYPE OF ABSENCE	DATE(S) OF ABSENCE <small>CRN required if less than 2 weeks</small>	PARTIAL DAY		FULL DAY	Payroll Use Only
			# Hours Absent	# Hours Scheduled for the day		
<b>FULL-TIME</b>	Sick Leave					SICK
	Personal Leave: Section#16.1. ____ *					PLV
<b>Regular Load</b>	Unpaid Leave					UNPD
	Bereavement: Relationship _____ *					BL
	Jury Duty attach Court Verification					JD
	Industrial Leave/Workers Comp					Contact Benefits Unit
	Regular Medical Leave					Contact HR
<b>Over Load Or</b>	Sick Leave					PTSL
	Personal Leave: Section#16.1. ____ *					PTPL
	Unpaid Leave					UNPD
	Bereavement: Relationship _____ *					BL
	Jury Duty attach Court Verification					JD
<b>PART-TIME</b>	Office Hour Missed <small>(applicable for Part-time faculty only)</small>					OH
<b>SUMMER SESSION</b>	Sick Leave					SUSL
	Personal Leave: Section#16.1. ____ *					SUPL
	Unpaid Leave					UNPD
	Bereavement: Relationship _____ *					BL
	Jury Duty attach Court Verification					JD
<b>All Faculty</b>	College Assigned Business					No Leave deducted 0
<b>Comments</b>						

<b>Process for Payment of Substitute:</b>					
CNR	Date(s)	Hours	Substitute Name	CWID	Campus Payroll Use Only

I hereby affirm that, with the absences reported, indicated the FA sections required, I have worked the scheduled duty hours for the period covered by this leave report.

I hereby affirm that I approve all leaves taken in accordance with the terms of Faculty Agreement and employment contract in effect during this reporting period.  
 - Leave report for PT faculty more than 2 weeks of absence - route to Campus Payroll  
 - Leave report for FT faculty for more than 5 consecutive days of absence - route to District HR  
 - All other leave reports - route to District Payroll

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Dean/Supervisor. Signature \_\_\_\_\_ Date \_\_\_\_\_