

**FACULTY ABSENCE FORM**

DEPARTMENT:

NAME:

BANNER G #:

CAMPUS:

Mission

West Valley

FT Regular Load

FT Overload

PT

**Month Absent:**

**Year:**

Please indicate contact hours or actual hours for non-instructional 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 28 of the WVMFT 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               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |
| Non-Instructional |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |

**Specific Reason for Absence/Check One:**

|   |   |  |                                    |
|---|---|--|------------------------------------|
| Illness/ Injury   | Work Related Illness/ Injury (Have Worker's Comp forms been completed?) | Personal Necessity: Indicate a Specific Reason | Jury Duty (Attach Jury Duty forms) |
| Bereavement: Indicate Relationship City/State of Deceased |   | Conference ( attach approved conference forms) | Military                           |

*After three consecutive days of absence, the President or designee may require a statement from the member's physician that the member is able to fully perform job duties upon return from illness or injury leave.*

If you are exchanging hours with another faculty member indicate their name (s) and the date(s) of the exchange:

If another faculty member is substituting for you, indicate their name:

\_\_\_\_\_ Approved      Not Approved      LOA forms needed  
*Employee Signature*      *Date*

\_\_\_\_\_ *Administrative Assistant/ Specialist Signature*      *Date*      \_\_\_\_\_ *Dean or Designee Signature*      *Date*

|                      |  |              |  |                  |  |                |
|----------------------|--|--------------|--|------------------|--|----------------|
| # of lecture hours   |  | * multiplier |  | = hours deducted |  | Total Deducted |
| # of lab hours       |  | * multiplier |  | = hours deducted |  |                |
| # of non-instruc hrs |  | * multiplier |  | = hours deducted |  |                |

DocuSign order:

Employee (sign) → Admin Specialist (sign) → Dean (sign) → Faculty Specialists (Tina Leech –WVC, Danielle Ramirez-King –MC, cc- receive copies)