

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

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 _____