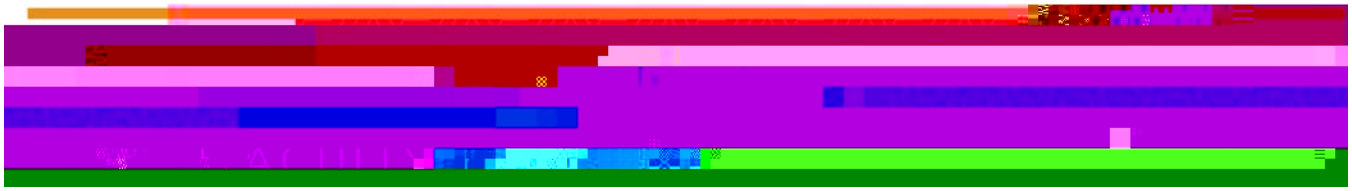

FACULTY ABSENCE FORM

DEPARTMENT: NAME:

DATATEL ID #: CAMPUS: ☐ Mission ☐ West Valley

☐ FT Regular Load ☐ FT Overload ☐ PT

FLEX ACCRUAL Flex Date: # of Hours Accrued: *Attach proof of specific FLEX activity*

Month Absent: **Year:**

Please indicate actual hours 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 30 of the ACE contract).

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Tot
Lecture																	0.00
Lab																	0
Non Instructional																	0
Date	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**Tot**	
Lecture																0	
Lab																0	
																0	

☐ ☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

0		0.0000
0		0.0000
0	0.915	0.0000

0.0000