All PC and Mac users please note: This form is intended to be filled out electronically; therefore, it must be downloaded to your desktop and must be opened with Adobe Reader. Any forms opened/used in "Preview Mode" will not function properly.

INSTRUCTOR ABSENCE REPORT			PAYROLL OFFICE USE ONLY	
Employee Name:		Semester:	SICK LEAVE POSTED:	
Employee ID#:	Employee Status:	Full Time	SALARY DEDUCTION: YES NO	
Date(s) Absent:		M T W Th F Sa	IF YES, DEDUCTION TO	O BE MADE AS FOLLOWS:
Reason for Absence:				
Substitute Provided: YES	☐ NO Budget #:			
Class(es) Missed Hours LEG	C/LAB Substitute (Name	e/ID #)	HOURS	RATE AMOUNT
For Full Time Instructors				
Total Regular Load Hours Mis	ssed:			
Total Overload Hours Missed	l:			
Comments:				
For Adjunct Instructors, Counselors, Library or ASC				
Total Hours Missed:				
Comments:			PAYDATE:	
AUTHORIZED BY:				
	ADMINIS [*]	TRATOR	DATE	SCHOOL