



YOSEMITE COMMUNITY COLLEGE DISTRICT
Human Resources

CERTIFICATE OF ABSENCE FOR CLASSIFIED STAFF

Name of Employee _____ Colleague ID # _____
(PRINT LEGAL NAME)

Dept. _____ Check: MJC CC CS Month/Year _____

LIST TOTAL HOURS ABSENT:

Sick Leave _____

Off Duty / Off Pay _____
Increments of 5 consecutive days only

Vacation _____

Personal Necessity _____

Comp Time _____

Personal necessity leave shall be used for circumstances which cannot be expected to be disregarded, necessitate immediate attention, and which cannot be dealt with during off duty hours.

Pay Dock _____

Personal Business _____

Floating Holiday _____

Up to two (2) days of Personal Necessity Leave may be used for absences as a result of personal business.

Other _____

Extended Sick _____
Attach medical certification

- Bereavement (include relationship to deceased)
- Funeral (include name of deceased YCCD employee/retiree)
- Jury Duty/Govt Agency Appearance (attach supporting form and check for paid services)
- Military

Workers Comp _____
Attach medical certification

ITEMIZE DATES & HOURS ABSENT EACH DAY (Please do a separate form each month)

DATE(S) MO/DY/YEAR	HOURS (rounded to nearest 1/4 hr)	LEAVE TYPE	EXPLANATION (required for PN or 'Other')

Employee Signature Date

Immediate Management Supervisor Date

Forward signed original to Human Resources Operations.
Please make a copy for your records.

Signature of President Date
(Required for approval of Personal Necessity or Personal Business Leave)