## YOSEMITE COMMUNITY COLLEGE DISTRICT

CERTIFICATE OF ABSENCE FOR MANAGEMENT AND CLASSIFIED STAFF

Name of Employee	Je.	nni Jenny NAME)	Pre-Post
Colleague ID #_867-5309 or last 4 digits of SS# xxx / xx / 0000			
Dept Security Check: MJC / CC / YCCD Month/Yr JULY 2019			
LIST TOTAL HOURS ABSENT FOR EACH CLASSIFICATION:			
	Sick Leave Vacation 40hrs_		Comp Time (classified only)  Vacation will be used if not enough comp time exists to cover leave time requested.   Initial your approval:
PAY DOCK will be im-	plemented if not enoug		Off Duty / Off Pay
	oliday, Military Leave, old approved positions only		→ Check one: □9mo / □10mo / □11mo employee → % of employment
(include relationship to deceased), Personal Business Leave (requires signature and approval of the President for College positions or Vice Personal Necessity Leave			
Chancellor for District positions); Worker's Compensation Leave (Sick Leave will be charged for a Workers' Comp. absence that is not an approved absence, this may be either because the absence was not verified with documentation in relation to Workers' Comp. or the claim has been denied) IMPORTANT NOTE: Do not include Worker's Compensation reporting with any other leave (do a separate form solely for Worker's Comp), or Pay Dock (comp time and vacation time should be utilized before requesting a pay dock).  Personal necessity leave is not to exceed six days (academic) and eighty hours (classified) per year charged to accumulated sick leave, and requires the approval/disapproval of the President (college position) or Vice Chancellor (District office). County Counsel opinion states "Personal necessity leave cannot be a matter of personal desire or convenience, rather, the word 'necessity' connotes an aspect of compulsion by circumstance.			
ITEMIZE DATES & HOURS ABSENT EACH DAY (Please do a separate form each month)			
DATE(S) MO/DT/YEAR	HOURS (rounded to nearest 1/4 hr)	LEAVE TYPE	EXPLANATION (required for PN or 'other')
7/8 - 7/11/19	40	VAC	PREPOST VACATION
4/10/19	30	Revi	sed -only took
			3 days
( or J.	( Val	M	
	1811	100 10 NO	
& If employee		1/10/1	
avoidable		Sux	pervisor dept must sign
		date	to approve revision
Employee Signature	Jenny	5/1/19 Date	mmediate Management Supervisor Date