



**YOSEMITE COMMUNITY COLLEGE DISTRICT**  
**Human Resources Operations**

**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 \_\_\_\_\_

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/DT/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)