

YOSEMITE COMMUNITY COLLEGE DISTRICT Human Resources Operations

CERTIFICATE OF ABSENCE FOR FACULTY

Name of Employee(PRINT LEGAL NAME)			AME)	Colleague ID #		
Dept: Check one:			MJC	CC Month/Year		
Check One:	Full-Time F	aculty	<u>or</u>	Adjunct	Overload	
	E Faculty (please list the tot aculty (please list total hou	-	required responsibili	ty hours for that day)		
Personal N	Necessity Leave	;				
Bereaver Commun Judicial &	Decify below ment Leave (include relative Service Leave (up to & Court Appearance (aleave (MILI)	3 days per academic		ervices),		
Worker's	Comp (attach require	ed medical Certification)				
Extended	Sick Leave (atta	ch required medical Cer	tification)			
Pay Dock	(for absence not covered	under above categories)			
<u> </u>				IDC Dow Dow		
	11	LIVIIZE DAI	ES & HUI	JRS Per Day		
DATE(S)		HOURS (to nearest .25 h		VE TYPE	NOTES/COMMENTS	
Time Faculty: FT Faculty may elect to leave for purposes of Pers		6) days per year of ur	used			
junct/Overload: Sick Leave Credit may		s of personal necessi one (1) for each thirty	ty by	oyee Signature	Date	

Immediate Management Supervisor

Date