

CERTIFICATE OF ABSENCE FACULTY

SUBMIT CERTIFICATE OF ABSENCE TO HUMAN RESOURCES.

Employee and Manager must complete and sign the form with explanation. Once received, HR/Payroll will process the necessary entry.

EMPLOYEE NUMBER			COURSE NUMBER				
LAST NAME							
FIRST NAME			SECTION NO.				
DEPARTMENT			Is this course being replaced?			NO	
			is this course bein	g replaceu:			
		nent: Last Name:					
If No, leave	e blank	First Name:					
		Employee #:					
Stari	t date	End date (if known, if not, leave blank)			son for the absence		
Example							
Illness: Un	able to work due to						
		work due to caregiving ob ely (ex: technical limitatior		ents, etc.)			
Addition	al Information						
				Date			
	Tead	cher's Signature					
				Date			
	Auth	norized signature					
Employe	ee no.:		AYROLL USE ONLY	Pay Date:			
Fonc.	Seq	Re	venue code	Entered by	V	erified by	
D. d.	Codo						
Budget	code:	· · · · _					