

**MIRACOSTA COLLEGE
ASSOCIATE FACULTY ABSENCE REPORT**

Name of Instructor: _____

Course: _____

Date(s) of Absence: _____

Total Class Hours Missed: _____

Instructor absent due to the following:

- Illness, Doctor/Dental Appointment
- Time Without Pay
- Workers' Compensation
- Healthy Families Leave (AB 1522)

- School Business (specify): _____
- Bereavement (state relationship): _____
- Personal Necessity Leave (specify): _____
- Jury Duty (attach attendance slip)

Substitute instructor requested? No

Yes; name of substitute: _____

I certify that all information reported above is correct. I authorize MiraCosta Community College to make any necessary adjustments due to under/over payment as needed.

For personal necessity leave only, I certify that this absence was due to personal necessity as defined in section 15.4 of the Associate Faculty Collective Bargaining Agreement.

Instructor signature: _____

Date: _____

Instructor: After signing this form, please send by interoffice mail to your dean.

Dean's signature: _____

Date: _____

Payroll Office Use Only:

Payroll ID: _____

Record Number: _____

TWOP: _____

Budget Line: _____