



ABSENCE AFFIDAVIT

Academic
Classified

Department _____ Location _____

I, _____ certify that my absence on
(dates) _____ hours days was due to:

Vacation (Must be approved and on file in advance.)

Personal illness

Personal necessity - (Approval in advance is required in most circumstances. See Collective Bargaining Agreement.
This is a deduction from sick leave. Complete bottom of form - send to Human Resources.)

Leave without pay - (Any absence longer than five days requires approval by Board of Trustees; less than five days requires approval of a Vice President or Provost.)

Jury duty - (Copy of summons must be on file in the Human Resources Office.)

Bereavement - (State relationship to employee: _____)
Out of state travel required? yes no

Compensation Time

Other: _____

Supervisor Signature

Employee Signature

Date

Date

PERSONAL NECESSITY REQUEST

I hereby request _____ hours days personal necessity leave
as provided for in Board Policy/Administrative Procedure 7340 for the following reason (please
explain the specific nature of the emergency):

Employee Signature

Date

Supervisor Signature

Dean of Instruction Signature
(if applicable)

FOR OFFICE USE ONLY	
Approved for _____	hours/days
Denied _____	
Date _____	
_____ Authorized Signature	