

LOS RIOS COMMUNITY COLLEGE DISTRICT

LOCATION
 ARC _____ SCC _____ ETW _____
 CRC _____ FLC _____ FM _____
 DO _____ SRPSTC _____

**CUMULATIVE ABSENCE REPORT
 CLASSIFIED EMPLOYEES**

DATE: _____ 20____
 Month

EMPLOYEE I.D. NUMBER

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EMPLOYEE LAST NAME	FIRST NAME	MI

TOTAL HOURS ABSENT	REASON FOR ADJUSTMENT	DISTRICT OFFICE USE ONLY		ADJ.
		EARN. CODE	BEN. PROG	
	ILLNESS	S	K C	<input type="checkbox"/>
	VACATION	V	A C	<input type="checkbox"/>
	PERSONAL BUSINESS	P	R B	<input type="checkbox"/>
	PERSONAL NECESSITY	P	R N	<input type="checkbox"/>
	OTHER:*			<input type="checkbox"/>
	OTHER:*			<input type="checkbox"/>
	OTHER:*			<input type="checkbox"/>
	OTHER:*			<input type="checkbox"/>
	NO ABSENCES	N	O N	<input type="checkbox"/>

SELECT CATEGORY OF ABSENCE FROM BACK OF FORM. RECORD HOURS ABSENT FROM THE 1ST THRU THE 31ST OF THE MONTH. **CHECK IF FMLA/CFRA LEAVE.**

DATE	REASON CODE (See Over)	HOURS	FMLA/ CFRA
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

TOTAL HOURS

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**Write leave type from list of "other" leaves on back of form.
 Do not report prior to month-end unless employee is absent for an extended duration.*
 The above is a true and accurate statement of the facts in relation to my absence. I have read the information on the back of this form regarding FMLA/CFRA, and I understand my leave will be considered FMLA /CFRA leave if it meets the criteria.

SIGNED: _____ DATE: _____
 EMPLOYEE

SIGNED: _____ DATE: _____
 SUPERVISOR

SIGNED: _____ DATE: _____
 AUTHORIZED ADMINISTRATOR

TOTAL HOURS:

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