LOS RIOS COMMUNITY COLLEGE DISTRICT
CUMULATIVE ABSENCE REPORT
STUDENT & TEMPORARY CLASSIFIED EMPLOYEES

LOCATION:

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

Student Employee (Student Help/Work Study) _____

Temporary Classified Employee _____

REPORTING PERIOD*: _____ 20_____
Month
*Reporting period is the 25th of the month to the 24th of the following month.

Employee ID #

Employee Last Name / First Name / MI

Employee Last Name	First Name	MI

This table to be completed by the supervisor.

Budget Line #	TOTAL HOURS ABSENT (by budget number)	EARN CODE	BEN PROG	ACCT	FD	ORG	PROG	PROJECT CODE	PAY RATE	JOB REC # if known
					BUDGET					
1		SIC	NON						$	
2		SIC	NON						$	
3		SIC	NON						$	
4		SIC	NON						$	
5		SIC	NON						$	
6		SIC	NON						$	
7		SIC	NON						$	

Count of Days: _____ (Only include days not accounted for on a Payroll timesheet.)

The above is a true and accurate statement of the facts in relation to my absence.

DATE	REASON CODE (SIC or WKC)	RELATIONSHIP, IF LEAVE FOR FAMILY MEMBER	HOURS	BUDGET LINE #s
25				
26				
27				
28				
29				
30				
31				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

TOTAL HOURS: _____

SIGNED: _____ DATE: _____
EMPLOYEE

SIGNED: _____ DATE: _____
SUPERVISOR

DEPARTMENT: _____ PHONE EXT: _____

SIGNED: _____ DATE: _____
AUTHORIZED ADMINISTRATOR

ADMINISTRATIVE USE ONLY

☐ Has not worked 30 days	☐ Has not been employed 90 days	
☐ Minimum use (2 hours)	☐ Overuse of sick leave	
☐ Relationship doesn't qualify	☐ Used 24hr max	
☐ Other:	☐ Retired annuitant not eligble	EB Initials
Hours Paid:		PR Initials

Distribution: GREEN / CANARY - Employee Benefits   BLUE - Authorized Administrator   WHITE - Employee

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