

LOCATION:
 ARC _____ SCC _____ E _____
 CRC _____ FM _____ S _____
 FLC _____ DO _____

Select ARC for location

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

Type Reporting Month and Year

DD: _____ 20____
 Month

*Reporting period is the 25th of the month to the 24th of the following month.

Employee ID # _____

Select classification

Student Employee (Student Help/Work Study) _____
 Temporary Classified Employee _____

Employee Last Name _____ First Name _____ MI _____

This table to be completed

Budget Line #	TOTAL HOURS ABSENT (by budget number)	BUDGET					PAY RATE	JOB REC # if known
		FD	ORG	PROG	PROJECT CODE			
1							\$	
2								
3								
6								
7								

Complete form with employee full Name and employee ID number.

Type in budget for sick leave hours to be charged to. Budget must be a budget account listed on the Intent to Employ. (Cannot use FWS budget, must use 2303 budget listed on student help intent)

Type in Total Hours to be charged to each budget, filling in each box

Complete the Count of Days employee is claiming sick. (Only include days not accounted for in the regular Payroll timesheet.)

Type in Name of Employee, ID number and Name of Department Manager, ID number (no electronic signatures)

Enter total hours claimed

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				
TOTAL HOURS:				

Type in hours per day that are being claimed as sick

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

SIGNED: _____ DATE: _____
 EMPLOYEE

SIGNED: _____ DATE: _____
 SUPERVISOR

DEPARTMENT: _____ PHONE EXT: _____

Type Name of Department and phone number

ADMINISTRATIVE USE ONLY		
<input type="checkbox"/> Has not worked 30 days	<input type="checkbox"/> Has not been employed 90 days	EB Initials
<input type="checkbox"/> Minimum use (2 hours)	<input type="checkbox"/> Overuse of sick leave	
<input type="checkbox"/> Relationship doesn't qualify	<input type="checkbox"/> Used 24hr max	PR Initials
<input type="checkbox"/> Other:	<input type="checkbox"/> Retired annuitant not eligible	
Hours Paid: _____		

Submit employee **ABSENCE REPORT** along with **TIMESHEET** during payroll to **ARC BSO Payroll** email.