



SOLANO COMMUNITY COLLEGE ADJUNCT FACULTY ABSENCE REPORT

Faculty Name: _____ Employee ID #: _____

Absence Date(s): _____

Name of Substitute(s), if applicable: _____

(The above name(s) should have a corresponding Sub Report)

Per the CTA Contract:

Article 12.1

Notification of Illness: In case of illness or injury causing absence, the faculty member is responsible for notifying the division office or the Human Resources Department. Upon return from any absence, the faculty member shall complete the absence form and file it with the immediate supervisor. If not filed within five business days, the immediate supervisor will complete the form, send a copy to the faculty member, and send the original to Human Resources.

Article 12.2.3

Sick Leave: Adjunct faculty members and full-time faculty with overload assignments shall receive 1.2 hours sick leave for each eighteen (18) hours or pro-rata thereof of adjunct or overload instruction per semester.

1. Enter total # of hours ABSENT _____

2. Select Leave Type Used -

Leaves taken from employee's available balance(s):

Sick Leave Personal Necessity (taken from sick leave)

Leaves granted by the CTA contract (no leave taken):

Jury Duty/Court Witness (Court verification required)

Bereavement (Relationship: _____) > 200 miles

Used for reporting purposes only (no leave taken):

Conference/Workshop/Hiring Committee

NOTES: _____

Employee Signature: _____

Date: _____

Dean Signature: _____

Date: _____