



SOLANO COMMUNITY COLLEGE FULL-TIME FACULTY ABSENCE REPORT

Faculty Name: _____ Employee ID #: _____

Name of Substitute(s), if applicable: _____ Absence Date(s): _____

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

FALL/SPRING ONLY

Per the CTA Contract Article 12.2.2:

Sick leave used will be charged against sick leave based on a 40-hour workweek (5 workdays x 8 hours per day or 4 workdays x 10 hours per day) as indicated in Article 19.7, professional workload.

INSTRUCTIONS:

1. Enter your weekly work schedule to include all **contract** load hours. This includes instructional hours (in-person AND online), non-instructional hours, office hours, and reassigned time weekly hours (if applicable).
2. Below that, enter the number of **contract** hours absent (in-person AND online).
3. ***If you were absent one full week, skip the chart and check the box below.**
4. If any, enter the total # of overload hours absent. (Not converted based on a 40-hour workweek.)
5. Select the leave type you are reporting.

	Mon	Tues	Wed	Thurs	Fri	Sat
Weekly Work Schedule - CONTRACT Hours						
CONTRACT Hours ABSENT						
(FOR PAYROLL ONLY)						

***ABSENT ONE FULL WEEK (40 hours of leave used)

Total # of OVERLOAD hours ABSENT _____

LEAVE TYPE USED

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

- Sick Leave Personal Necessity (taken from sick leave) Emergency 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

SUMMER ONLY

Total # of hours ABSENT _____ (please select leave type used above)

NOTES: _____

Employee Signature: _____

Date: _____

Dean Signature: _____

Date: _____