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| **FTCC** **REPORT OF ABSENCE**Submit to the Office of Business and Finance |
| **SECTION I** |
| **The following named employee was absent on the dates and times indicated below for reasons indicated:** |
| **Name:** |       | **Datatel Person ID # (7 Digits):** |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Absence:** | [ ]  | Annual | [ ]  | Sick  | [ ]  | Leave W/O Pay | [ ]  | Bonus | [ ]  | Community Service | [ ]  | Other  |       |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Period of Absence:** | **From: (Date)** |       | **, (Hour)** |       |  **Thru: (Date)** |       | **, (Hour)** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee returned to work: (Date)** |       | **, (Hour)** |       |  |

|  |  |  |
| --- | --- | --- |
| **Chargeable Hours During Period of Absence:**  |       |  |
| **Chargeable Hours Related to an FMLA Absence:**  |       | (If you are approved for FMLA, enter chargeable hours on this line.)  |
|  |
| SECTION II: FACULTY ONLY |
| **Instructor was scheduled for**  |       |  **work hours on date absence commenced and completed** |       |  **work hours**  |
|   **(Number)** |  |  **(Number)** |  |

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| --- | --- | --- | --- | --- |
| **on that date. On date of return individual was scheduled for** |       | **hours of work and completed** |       | **work** |
| **hours after return to duty.** |  **(Number)**   |  | **(Number)** |  |
| **SECTION III** |
| **I certify that the above information is correct to the best of my knowledge:** |
| **Date:** |       | **Employee's Signature:**  |   |
| **Date:** |       | **Supervisor's Signature:** |  |
|  |  |  |  |
| FOR BUSINESS AND FINANCE USE ONLY |
|  | Hours |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Annual Leave Chargeable** |  |  |  **POSTED TO LEAVE RECORD** |  |
| Sick Leave Chargeable |  |  |  |
| **Leave Without Pay** |  |  |  |
| Bonus Leave Chargeable |  |  |  |
| **Community Service Leave**  |  |   **(Initials) (Date)** |
| **Other** |  |  |  |  |
|  |

###### INSTRUCTIONS FOR PREPARATION

THIS REPORT WILL BE PREPARED BY OR FOR ALL EXECUTIVES, ADMINISTRATORS, AND PROFESSIONAL EMPLOYEES AS DEFINED BY THE FAIR LABOR STANDARDS ACT, AS AMENDED, WHO ARE NOT REQUIRED TO PREPARE AND SUBMIT MONTHLY TIME AND ATTENDANCE REPORTS.

(1) Annual Leave: Complete and submit immediately upon return of employee signed by both the employee and his/her supervisor.

(2) Leave Without Pay: Complete and submit immediately upon departure of employee and upon their return. Form must be signed by supervisor and employee at time of return.

(3) Sick Leave: (a) Three (3) days following date of original absence in the event the employee has not returned to work.

 (b) The fifteen (15th) day of absence unless employee returns to work prior to such date.

1. Immediately upon return to work if not previously reported as having returned.

(4) Bonus Leave: Complete and submit immediately upon return of employee signed by both the employee and his/her

 supervisor.

(5) Community Service: Complete and submit immediately upon return of employee signed by both the employee and his/her

 supervisor.