LOS RIOS COMMUNITY COLLEGE DISTRICT

CUMULATIVE ABSENCE REPORT
CERTIFICATED EMPLOYEES

LOCATION

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

REG ____ OVERLOAD ____

ADJ ____ SUMMER ____

MANAGER ____

DATE: _____ 20____
Month

SELECT CATEGORY OF ABSENCE FROM BACK OF FORM. Record hours absent from the 1st through the last day of the month. **CHECK BOX IF FMLA/CFRA LEAVE** and read the leave information on the back of this form. The time off will be considered FMLA/CFRA leave if it meets the criteria and is approved by Employee Benefits.

EMPLOYEE I.D. NUMBER

EMPLOYEE LAST NAME	FIRST NAME	MI

TOTAL HOURS[1] ABSENT		DISTRICT OFFICE USE ONLY EARN. CODE			BEN. PROG			Adjusted by DO:
	ILLNESS	S	K	C				☐
	VACATION	V	A	C				☐
	PERSONAL BUSINESS	P	R	B				☐
	PERSONAL NECESSITY	P	R	N				☐
	LOSS OF PAY BAS: ☐	L	P	Y				☐
	OTHER:[2]							☐
	OTHER:[2]							☐
	OTHER:[2]							☐
	TOTAL HOURS							

[1] *Do not report prior to month-end unless employee is absent for an extended duration.*
[2] *Write leave type from list of "other" leaves on back of form. Faculty Only: the following leaves are reported in DAYS on the left-hand side of form ONLY (report in hours on right): ADM, BER, BOC, CRT, JDA, JRY, MIL, and QRN. (Managers report all leave types in hours.)*

DATE	REASON CODE (See Over)	HOURS		FMLA/ CFRA
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
TOTAL HOURS:				

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

SIGNED: _____ DATE: _____
EMPLOYEE

SIGNED: _____ DATE: _____
SUPERVISOR

SIGNED: _____ DATE: _____
AUTHORIZED ADMINISTRATOR

Distribution: Goldenrod: District Office Blue: Authorized Administrator White: Employee

BS Form #137
Revised 5/2016