

**Ventura County Community College District**  
**EMPLOYEE ABSENTEE REPORT**  
 (To be completed monthly *only*)

Check one:

Management \_\_\_\_\_  
 Faculty:  
     Contract \_\_\_\_\_  
     Non-contract \_\_\_\_\_  
 Classified \_\_\_\_\_

EMP ID: \_\_\_\_\_  
 Employee: \_\_\_\_\_  
 Location: \_\_\_\_\_

MONTH OF \_\_\_\_\_ 20\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Bereavement (B) _____ hours	Vacation (V) _____ hours
Injury on the job (I) _____ hours	Sick Leave (SL) _____ hours
Date of Injury _____	Floating Holiday (FH) _____ hours
Leave of Absence w/o pay (L) _____ hours	Jury Duty/Subpoena _____ hours
Personal Necessity (PN) * _____ hours	Parental Leave (Faculty only) _____ hours
CT (Comp Time) Taken _____ hours	Maternity Leave (Classified only) _____ hours
CTE (Comp Time) Earned _____ hours (Post straight hours)	Compassionate Leave (CL) ** _____ hours

\* Chargeable to sick leave.

\*\* When all other applicable leave exhausted.

Explanation (Personal Necessity reason or relationship for Bereavement Leave) \_\_\_\_\_

See appropriate contract for specific details on above leaves.

Signature of Immediate Supervisor/Administrator \_\_\_\_\_ Date \_\_\_\_\_ Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**For Payroll Dept. use only**

\_\_\_\_\_ Payroll Deduction \$ \_\_\_\_\_ for \_\_\_\_\_ hours at \_\_\_\_\_/hour.

Date: \_\_\_\_\_ Payroll: \_\_\_\_\_

Comments: \_\_\_\_\_