

ACADEMIC ABSENCE REPORT

- Bakersfield College
- Porterville College
- Cerro Coso College
- District Office

Social Security Number	Employee's Name <i>(Please Print)</i>
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I HEREBY CERTIFY THE FOLLOWING ABSENCE(S) (Employee must complete this form immediately upon return to duty).

Employee's Signature	Date	Department/Office
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C O D E	(J) Jury Duty			
	(S) Sick Leave			
	(P) Personal Necessity _____			
	(FN) Family Necessity* _____			
	(WC) Workers' Compensation			
	(B) Bereavement (State Relationship) _____			
(U) Unpaid				
(O) Other (Identify) _____				

DATE(S)	CODE	HOURS

Supervisor's Signature	Date	College President's/Designee's Signature	Date
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* Is this family necessity leave for one of the following: child, parent, or spouse? Yes No