

**Chaffey College**  
**Report of Adjunct/Overload Faculty Absence**

Employee Name: \_\_\_\_\_

Colleague ID #: \_\_\_\_\_

REFER TO THE CHAFFEY COLLEGE FACULTY ASSOCIATION AGREEMENT FOR FURTHER INFORMATION.

**Reason for Absence:**

**Sick Leave (S)**

To receive credit for absence under these leave policies, bargaining unit members shall complete and submit to the first-level manager the District's absence report form, identifying all service days missed, within seven (7) days of the date the bargaining unit member returns to work. A certificate of illness or injury and/or a medical authorization to return to work shall be required as follows:

- One assignment day per week after the 2<sup>nd</sup> consecutive absence
- Two assignment days per week after the 3<sup>rd</sup> consecutive absence
- Three assignment days per week after the 4<sup>th</sup> consecutive absence
- Four assignment days per week after the 5<sup>th</sup> consecutive absence

**SICK LEAVE MAY ALSO BE USED FOR THE FOLLOWING PURPOSES WITH THE LIMITATIONS AS INDICATED:**

**Personal Necessity (PN)**

A maximum of six (6) days of accumulated sick leave per year may be used as personal necessity. Refer to the CCFA/District Agreement for appropriate uses of personal necessity. Reason: \_\_\_\_\_

**Personal Business (PB)**

A maximum of two (2) days per academic year (not including summer sessions) of personal necessity leave for the purpose of conducting personal business. For the purposes of scheduling, prior written agreement of the first-level manager is required.

**Family Care**

Sick leave may be used for family care as identified below and shall not exceed four (4) days in an academic year.

**Parental (PL)**

For natural/adoptive parents immediately after birth/adoption. Contact Human Resources for eligibility and documentation requirements.

**Catastrophic (CL)**

For catastrophic care of an immediate family member. Contact Human Resources to determine eligibility.

**School/Parental Leave (FSP)**

This use of sick leave relates to Personal Necessity to attend your dependent child's school activities. Requires prior notification. Contact Human Resources to determine eligibility.

**Family Leave (FL)**

Relates to Personal Necessity. Up to half your annual sick leave accrual if employee has not already used maximum number of days under PN to care for an ill family member. Contact Human Resources to determine eligibility.

**Occupational Injury/Illness Leave (I)**

Occupational leaves may not exceed sixty (60) days for the same accident in any one fiscal year.

**Bereavement Leave (B)**

No deduction in salary or sick leave entitlement shall be made for absence due to death in the immediate family. Not more than three (3) days' absence or five (5) days if out-of-state travel is necessary is allowed. All days must be taken within 90 calendar days following the death of the family member. Relationship: \_\_\_\_\_

**Judicial Leave (J)**

Judicial leave shall be granted to part-time bargaining unit members for up to five (5) days without loss of pay when the member must respond to a subpoena for jury duty or is officially required to appear on behalf of the District in litigation. Jury fees will be endorsed back to the District and official court verification indicating the specific days of jury service must be attached to this absence form.

**Military Leave (M)**

Submit a copy of official orders to Human Resources as soon as possible.

**District Assignment (C)**

Conferences, workshops, etc.

**Absence with Deduction (A)**

Requires pre-approval of the first-level manager. Appropriate salary deduction(s) will be reflected in the first subsequent paycheck.

Reason: \_\_\_\_\_

**Certifications**

**Each assignment day must be accounted for. Absences shall be recorded in ½ hour increments**

I certify that I was absent for the reason stated above beginning \_\_\_\_\_(date) and ending \_\_\_\_\_(date). Number of hours absent: \_\_\_\_\_ and section #\_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I certify that to the best of my knowledge the above information is complete and accurate.

\_\_\_\_\_  
First-Level Manager Signature

\_\_\_\_\_  
Date

**It is important that all personnel records be complete and accurate. All absences MUST be reported. Failure to report absences may be considered grounds for disciplinary action as a violation of reasonable regulations of the District (California Education Code Section 87732).**