Reason for Absence:
( ) Illness
( ) AB109: child ( ) spouse ( ) parent ( ) illness (check one)
( ) Bereavement***
( ) Industrial Accident

*If Jury Duty, please give Jury Duty check to cashier in the Student Services Building, Room 150.
**If Personal Necessity or Authorized Leave, please state reason
***If Bereavement Leave, please state relationship of deceased
(If Bereavement Leave, please check one of the following: In State [ ] Out-of-State [ ])

Personal Necessity Leaves should be approved by the Division Dean in advance when possible (District Policy Section 2021-A).
For office use only. ( ) REQUEST APPROVED WITH PAY
( ) REQUEST APPROVED WITHOUT PAY

Submitted by ______________________________ Date ______________________________

SUBSTITUTES MUST BE APPROVED FOR PAYMENT BY A DEAN
(Account number 10.11.4072.134000.601100.000.0000)

Instructor __________________ Class ______ Date ______ Lec Hrs ______ Lab Hrs ______

Instructor __________________ Class ______ Date ______ Lec Hrs ______ Lab Hrs ______

Instructor __________________ Class ______ Date ______ Lec Hrs ______ Lab Hrs ______

Approved by Dean __________________ Date ____________________