



Use separate form for each absence period and reason for absence. Do not combine multiple reasons on one form.

Please print or type and ensure all information is provided, as omissions can delay processing.

**EMPLOYEE TIP SHEET**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

**SERVICE:**  Academic  Classified

**1. ABSENCE PERIOD:** Dates: \_\_\_\_\_ Full Days: \_\_\_\_\_ Part of Day:  AM  AM  
 PM  PM  
 From \_\_\_\_\_ To \_\_\_\_\_ Number \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**FACULTY UNITY ONLY:** For Part of Day Absence Identify Hours of Scheduled Duties Per Day (Including Office Hours): \_\_\_\_\_

**2. REASON:**

**A. ABSENCE CERTIFICATION:** I certify that I was absent from my duty during the period indicated in Section 1 due to:

- Illness or Injury: Indicate nature of illness or injury:
  - Not the result of Industrial Accident
  - Result of Industrial Accident that occurred on:

\_\_\_\_\_  
 (Month / Day / Year)

**Illness or Injury Absences Instructions**

- Absences over 5 days require Physician Certification
- Absences over 20 days also require Formal Leave of Absence
- Employment elsewhere while on any illness/injury absence prohibited.

**Physician / Other Practitioner Certification**

I certify the above person was or is unable to perform his or her duties during the period indicated above due to illness or injury.

\_\_\_\_\_  
 Signature of Licensed Physician/Other Practitioner      Date

**B. ABSENCE CERTIFICATION/REQUEST**

Family Medical Leave (FMLA): Vacation  Illness   
 (Check One)

Personal Necessity: Indicate reason:

- 1. Personal Business
- 2. Qualifying Event [Local 99 Only]
- 3. Death of immediate family member.
- 4. Accident involving my person.
- 5. Accident involving:  a. My Property  b. Person or property of a member of my immediate family.
- 6. Appearance in court as litigant.
- 7. Appearance as witness under governmental order
- 8. Illness of member of immediate family.
- 9. Birth of child – partner/domestic partner.
- 10. Imminent danger to my home.
- 11. The following significant event which required my attention during my regular assigned working hours:

Reason \_\_\_\_\_

Bereavement \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Death (Month/Day/Year) \_\_\_\_\_ Out of State Travel Required?  No  Yes

**C. ABSENCE REQUEST:** I request to be absent from my position during the absence period indicated above due to:

<p><b>EMPLOYEE: ALL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Court Subpoena (Witness)</li> <li><input type="checkbox"/> Governmental Order</li> <li><input type="checkbox"/> Jury Duty</li> <li><input type="checkbox"/> Unpaid</li> <li><input type="checkbox"/> Vacation</li> <li><input type="checkbox"/> Work-Related</li> </ul>	<p><b>EMPLOYEE: ADMINISTRATOR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Organization</li> <li><input type="checkbox"/> Wellness Day [Teamsters Only]</li> </ul>	<p><b>EMPLOYEE: FACULTY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Compensatory Time Taken</li> <li><input type="checkbox"/> Conference / Meeting</li> <li><input type="checkbox"/> Floating Vacation Day ["D"-Basis Only]</li> <li><input type="checkbox"/> Maternity / Paternity</li> <li><input type="checkbox"/> Non-Duty ["D" Basis Only]</li> <li><input type="checkbox"/> Personal Annual Leave (PAL)</li> </ul>
<p><b>EMPLOYEE: CLASSIFIED</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Annual Eye Exam – Requires supplemental <u>Physician's Certification</u> form.</li> <li><input type="checkbox"/> Annual Physical - Requires supplemental <u>Physician's Certification</u> form</li> <li><input type="checkbox"/> Casual Absence <input type="checkbox"/> Organization</li> <li><input type="checkbox"/> Compensatory Time Taken <input type="checkbox"/> Personal Annual Leave (PAL)</li> <li><input type="checkbox"/> Non-Duty ["G" Basis Only] [AFT 1521A &amp; Local 721]</li> <li><input type="checkbox"/> Other (Specify): _____</li> </ul>		

**D. SUPERVISOR'S REPORT OF EMPLOYEE ABSENCE:**  Absence Without Leave  Unpaid Tardy  Paid Tardy – Unit 1 Only

**3. SIGNATURES:**

Employee \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_