LOS ANGELES COMMUNITY COLLEGES
HUMAN RESOURCES
770 WILSHIRE BOULEVARD
LOS ANGELES, CA 90017

Unclassified Employees
ABSENCE CERTIFICATION

Unclassified employees may be eligible for illness leave only if they meet specific requirements.
Use a separate form for each absence period, location, and-absence type.

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

Last Name _____ First Name _____ Middle Name _____ Employee ID Number _____

1. **LOCATION:** ☐ CITY ☐ EAST LA ☐ DISTRICT OFFICE (ESC) ☐ HARBOR ☐ MISSION ☐ PIERCE ☐ SOUTHWEST ☐ TRADE TECH ☐ VALLEY ☐ WEST LA

2. **EMPLOYEE TYPE (CHECK BOX THAT APPLIES):** ☐ Student Employee ☐ Other Unclassified Employee

3. **EMPLOYEE CLASSIFICATION (WRITE IN):** _____

4. **ABSENCE PERIOD:** **Date:** _____ Time of Day: _____ ☐AM ☐PM From _____ ☐AM ☐PM To

5. **ABSENCE CERTIFICATION:** I certify that I was absent from my duty during the period indicated in Section 4 due to an illness or injury or the result of an illness of an immediate family member (check appropriate box below):

   ☐ Illness or injury to myself not the result of Industrial Accident

   ☐ The result of Industrial Accident that occurred on: _____

   ☐ An illness of an immediate family member.

6. **SIGNATURES:**

Employee _____ Date _____ Supervisor _____ Date _____