

To be completed and returned
to the Office of Instruction

Merced College
Office of Instruction

ABSENCE OF ADJUNCT EMPLOYEE

Name of Instructor _____

This is a report of absence for (list each date) _____

Total of ___ days or ___ hours for the reason indicated below (check one):

- 1. Sick Leave _____
- 2. Personal Absence (Instructor request for absence without pay) _____
- 3. Industrial Accident _____
 If so, have you filed a State Compensation Insurance Fund Report?
 Yes ___ No ___
 Report must be filed within 24 hours of accident.
- 4. Other _____

IMPORTANT - PLEASE COMPLETE THE FOLLOWING IF SUBSTITUTE INSTRUCTOR WAS
ASSIGNED AND NOTE THAT APPROVAL FROM THE OFFICE OF INSTRUCTION IS
REQUIRED BEFORE ARRANGEMENTS ARE MADE FOR A SUBSTITUTE INSTRUCTOR.

Class Assignment(s):

COURSE	HOUR	DAY AND DATE
_____	_____	_____
_____	_____	_____

Name of Substitute Instructor(s) : _____

Number of Class Hours Missed: _____

Signature of Instructor

Office of Instruction/Human Resources