



YOSEMITE COMMUNITY COLLEGE DISTRICT
Human Resources Operations

CERTIFICATE OF ABSENCE FOR MANAGEMENT AND CLASSIFIED STAFF

Name of Employee _____ Colleague ID # _____
(PRINT LEGAL NAME)

Dept. _____ Check: [] MJC [] CC [] YCCD Month/Year _____

LIST TOTAL HOURS ABSENT FOR EACH CLASSIFICATION:

[] Sick Leave _____

[] Comp Time (classified only) _____

[] Vacation _____

Vacation will be used if not enough comp time exists to cover leave time requested. -> Initial your approval: _____

PAY DOCK will be implemented if not enough vacation time to cover time off requested. -> Initial your approval: _____

[] Off Duty / Off Pay _____

-> Check one: 9mo / 10mo / 11mo employee

[] Other _____

-> % of employment _____

[] Personal Necessity Leave _____

Includes: Floating Holiday, Military Leave, Community Service Leave (management and approved positions only); Jury Duty (attach supporting form and check for paid services), Bereavement Leave (include relationship to deceased), Personal Business Leave (requires signature and approval of the President for College positions or Vice Chancellor for District positions); Worker's Compensation Leave (Sick Leave will be charged for a Workers' Comp. absence that is not an approved absence, this may be either because the absence was not verified with documentation in relation to Workers' Comp. or the claim has been denied) IMPORTANT NOTE: Do not include Worker's Compensation reporting with any other leave (do a separate form solely for Worker's Comp), or Pay Dock (comp time and vacation time should be utilized before requesting a pay dock).

Personal necessity leave is not to exceed six days (academic) and eighty hours (classified) per year charged to accumulated sick leave, and requires the approval/disapproval of the President (college position) or Vice Chancellor (District office). County Counsel opinion states "Personal necessity leave cannot be a matter of personal desire or convenience, rather, the word 'necessity' connotes an aspect of compulsion by circumstance.

ITEMIZE DATES & HOURS ABSENT EACH DAY (Please do a separate form each month)

Table with 4 columns: DATE(S) MO/DT/YEAR, HOURS (rounded to nearest 1/4 hr), LEAVE TYPE, EXPLANATION (required for PN or 'Other')

Employee Signature _____ Date _____

Immediate Management Supervisor _____ Date _____

Forward original with approving signatures to Human Resources Operations. Please make a copy prior to submission; for your records.

Signature of President or Vice Chancellor _____ Date _____ (Required for approval of Personal Necessity or Personal Business Leave)