

**LEAVE OF ABSENCE REPORT (Regular & Adjunct Faculty)**  
**Peralta Community College District**

Month: JANUARY 2015

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_  
 Location: \_\_\_\_\_

	Date	Sick Lv Hours	Other		Comments
			Hrs Used	Code	
THU	1				Holiday
FRI	2				
SAT	3				
SUN	4				
MON	5				
TUE	6				
WED	7				
THU	8				
FRI	9				
SAT	10				
SUN	11				
MON	12				
TUE	13				
WED	14				
THU	15				
FRI	16				
SAT	17				
SUN	18				
MON	19				Holiday
TUE	20				
WED	21				
THU	22				
FRI	23				
SAT	24				
SUN	25				
MON	26				
TUE	27				
MON	28				
TUE	29				
WED	28				
THU	29				
FRI	30				
Total Hrs:					

CODES FOR OTHER:  
 BEV: Bereavement\*\* (4 days; > 200 mi= 6 days)  
 DIF: Differential Leave\* (Regular Only)  
 JUR: Jury Duty\*  
 PNC: Personal Necessity  
 GOV: Government Court\*  
 LOP: Loss of Pay / Leave without pay  
 IND: Industrial Leave\*  
 MIL: Military Leave\*

\* Requires Documentation  
 \*\*State Relationship

Holidays/weekends

Location	Fund	Cost Center	Object	Prog.	Activity	Spec. Proj.	Ln. Cont.
0	00	000	0000	0	000000	0000	00

**I CERTIFY THAT THIS IS A TRUE STATEMENT OF LEAVE TAKEN.**

SAMPLE

Employee's Signature	Date	Other		Comment:
		Hrs Used	Code	
		1		
		2	8	IND Claim Date: 7/1/05
		3	8	BEV Grandfather
		4	1	PNC

Dean/Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

- Original Copy to Human Resources
- Copies to Employee and Manager, each