

# LEE COLLEGE DISTRICT ABSENCE FORM

Name \_\_\_\_\_ Empl ID No. \_\_\_\_\_  
Lee College Employee Identification Number

## ABSENCE REQUEST

Submit a request for approval from a supervisor (if required), when advanced knowledge of an absence is to occur.

I AM REQUESTING ABSENCE FROM CAMPUS:

Date(s)	Hours	Code
Date(s)	Hours	Code

\_\_\_\_\_  
 Employee's Signature Date Supervisor's Signature Date

## ABSENCE RECORD

All absences must be listed by all Lee College employees, when an absence from campus has occurred. List absences for a single pay period on one absence form. *Only absences listed below will be recorded in Payroll.*

DATE(S)	HOURS	CODE

(Was a substitute used \_\_\_\_\_  
 If yes, attach substitute form to  
 absence form.)  
 \_\_\_\_\_  
 Substitute's Name

\_\_\_\_\_  
 Employee's Signature Date Supervisor's Signature Date

\_\_\_\_\_  
 Dean's Signature (when required) Date

### CODES

- |                         |                       |
|-------------------------|-----------------------|
| VP VACATION*            | LWO LEAVE WITHOUT PAY |
| SP SICK PAY             | CP COMP TIME USED     |
| FE FAMILY EMERGENCY     | WC WORKER'S COMP***   |
| Family Member _____     | SB SCHOOL BUSINESS    |
| JD JURY DUTY            | Location _____        |
| PB PERSONAL LEAVE DAY** | _____                 |

- Did this absence occur for any of the following FMLA reasons?  Yes  No
- For the birth and care of your newborn child;
  - For the placement of a child for adoption or foster care with you;
  - To take care of an immediate family member (spouse, child, or parent) with a serious health condition; or
  - To take medical leave for your serious health condition.

\* Must take before maximum accrual is reached.  
 \*\* Must be taken the pay period before your Anniversary date. All or part of a day equals one day.  
 \*\*\* Must have WC form from Human Resources attached.