

SOUTHERN CONNECTICUT STATE UNIVERSITY
FACULTY ABSENCE REPORT

To be completed by the employee, signed by the chairperson, and returned by the Chairperson to the Payroll Department

Employee's Name (Please Print)

Title

Department

PLEASE CHECK REASON FOR ABSENCE

VACATION

SICK LEAVE

PERSONAL LEAVE

LEAVE WITHOUT PAY

Dates of Absence:

Month _____ Days _____ Year _____ Total Days _____ Total Hours (increments of*) _____

SICK LEAVE IN EXCESS OF FIVE (5) WORKING DAYS MUST BE SUPPORTED BY A MEDICAL CERTIFICATE, WHICH MAY BE OBTAINED FROM THE OFFICE OF HUMAN RESOURCES. Members shall give prior notice to their chairperson of impending absence, except for unusual or extenuating circumstances.

Employee's Signature

Date

Chairperson or Department Head

Date

*In accordance with 13.21, use of sick time shall be measured and recorded in half days or blocks of 3.5 hours for teaching faculty.