

REQUEST FOR AND REPORT OF TIME OFF DUTY

This form is to be completed by all employees immediately upon return to duty following an absence due to sickness. All other leaves must be approved on this form in advance.

Employee Name: _____ Banner ID: _____

Department: _____

DATES(S) OF ABSENCE	LEAVE CODE	NUMBER OF HOURS

LEAVE CODES

(BER) Bereavement – Relation to deceased: _____

(CTT) Compensatory Time Taken

(FIL) Family Illness

(PEB) Personal Business

(HOF) Floating Holiday

(PEN) Personal Necessity

(JUR) Jury Duty

(SIC) Sick

(LWP) Leave Without Pay

(UNB) Union Business

(VAC) Vacation

(WCP) Worker’s Compensation

(CTE) Compensatory Time Earned

Approvals

Employee: After completion of information above, insert name and date and route to immediate supervisor for approval via email.

Employee: _____ Date: _____

Supervisor: Please insert name and date, indicating approval. For Management, route via email to payroll@cuesta.edu for processing with a copy to the employee for their records.

Supervisor: _____ Date: _____

Email Routing Instructions: After completion of form, click File – Send To – Mail Recipient (as Attachment). Choose the recipients email address and send.