

## **Report of Absence**

## **Contract Faculty**

This form is available in Microsoft Word from Human Resource Services website. http://cos.edu

Nai	me <b>→</b>					
Employee ID Numb (Banner ID can be found on Pay 9 digits, i.e. @000	y Stub   @	@		Department->		
, i		Request for (Check One):   Sick Leave [12.2]  Bereavement Leave [12.4]  Relationship:  California  Out of State  Personal Necessity Leave (State reason in space provided) [12.8]  Personal Business Leave (As per COSTA agreement) [12.8.8]  Other (Jury Duty [12.10]) (Qualified division member coverage, [12.12.4])				
Reason for reque leave if other than Lea						
		I				
Dates Taken→				Number of Da	L _	
Off	fice hours res	urs rescheduled? Yes No				
	T • 4 1	. 14	P 1 1	e i di		
Mon. Tues. Wed.				each day of absence. ♥  Thurs. Fri. Sat.		
	1				ı	
Signature of Employee						
Dean					Date	
			ice Use O			
See COSTA Master Agreement Article XII for information on Sick Leave deduction.  Regular Sick Leave Deduction						