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SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

ADMINISTRATOR & ACADEMIC SUPERVISORY EMPLOYEE ABSENCE AFFIDAVIT

NAME: _____ G#: _____ ORG. NO.: _____ MO./YR: _____

HRS/WK: _____ DIV./OFFICE: _____ JOB TITLE: _____
(IF IRREGULAR)

DAY OF Month	LEAVES WITH PAY (HOURS)				LEAVE W/O PAY HOURS	EXPLANATION
	SICK LEAVE		OTHER			
	*Reason Code	Hours Taken	** Reason Code	Hours Taken		Please be brief and specific
Total		-		-	-	

*** Reason Code (Sick Leave):**

Employee Illness	**SEI**
Immediate Family Illness	**SFI**
Bereavement Distant Family	**SBF**
Personal Necessity	**SPN**

**** Reason Code (Other):**

Vacation	**VAC**
Bereavement Immediate Family	**BIF**
Jury Duty	**JRY**
Workers Compensation	**WRC**
Military Service	**MSV**

I certify that the total hours recorded above are true and correct and represent my total absences for the month. I have also specified reasons when required per "Leave Description". With the exception of the above hours, I worked my full schedule this month.

Employee's Signature: _____ **Date:** _____

Administrator's Signature: _____ **Date:** _____

Please return this completed form to your Administrative Supervisor.

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