

DESERT COMMUNITY COLLEGE DISTRICT
REPORT OF ABSENCE FOR CLASSIFIED STAFF

form 608

Date _____

Name _____ Date of Absence _____ Hrs. _____

Reason for Absence _____

Vacation, Personal Necessity, Personal Leave (without pay), Family Care Leave require **PRIOR** approval of immediate supervisor. Jury Leave requires prior notification.

SICK LEAVE

VACATION LEAVE (Earned Leave)

BEREAVEMENT LEAVE

JURY LEAVE

OTHER _____

COMP TIME - New Balance _____

PERSONAL NECESSITY LEAVE

FAMILY ILLNESS LEAVE (Sick Leave)

FAMILY CARE LEAVE (Without Pay)

Immediate Supervisor

Date

Supt./Pres., Appropriate Dean, Chief Business or Educational Officer

Employee Signature

Prior Approval:

Yes

No