



.....**Faculty & Staff**
**Report of Time Away from Regular Duties**

Employee Name _____
 Please Print

Location _____

Course/Department _____

Advance notification of planned time away¹
 Report of actual time away from regular duties
 Correction/modification of prior report

Substitute required while away
 (note: substitutes will not be paid unless this form is completed and submitted by the employee or their supervisor)

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Week 1 Date						
Type Code						
Hours						<input type="text"/>
Week 2 Date						
Type Code						
Hours						<input type="text"/>
Week 3 Date						
Type Code						
Hours						<input type="text"/>

Employee's Signature _____ Date _____

Supervisor's Approval _____ Date _____

<u>Leave Types</u>	<u>Code</u>	<u>Description/Purpose</u>
Sick Leave:	SL	
Instructor or Faculty Day: ²	I	
Vacation:	V	
Funeral:*	F	_____ relationship to deceased
Military Leave:	ML	_____
Other:*	O	_____
Meetings:*	M	_____ location and subject

*Items requiring more information on the description/purpose line.

1. Advance notifications will automatically be considered actual time taken unless a new form is submitted or the payroll department is notified that the time was not taken.
2. Instructor or Faculty days refer to the ten days off each fiscal year for Instructors.

This form is to be used to report and record the time of individuals away from their regularly scheduled duties. Meetings are considered regular duties for staff but not for instructors. Any time taken that requires a substitute requires this form to be submitted in order for that substitute to be paid.