



Use separate form for each absence period and reason for absence. Do not combine multiple reasons on one form.

Please print or type and ensure all information is provided, as omissions can delay processing.

EMPLOYEE TIP SHEET

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

SERVICE:  Academic  Classified

1. ABSENCE PERIOD: Dates: \_\_\_\_\_ Full Days: \_\_\_\_\_ Part of Day:  AM  AM  
 \_\_\_\_\_  PM  PM  
 From To Number From To

FACULTY UNITY ONLY: For Part of Day Absence Identify Hours of Scheduled Duties Per Day (Including Office Hours): \_\_\_\_\_

2. REASON:

A. ABSENCE CERTIFICATION: I certify that I was absent from my duty during the period indicated in Section 1 due to:

- Illness or Injury: Indicate nature of illness or injury:
  - Not the result of Industrial Accident
  - Result of Industrial Accident that occurred on:

\_\_\_\_\_  
 (Month / Day / Year)

B. ABSENCE CERTIFICATION/REQUEST

- Family Medical Leave (FMLA) (check one below):
  - Vacation  Illness  Unpaid
- Personal Necessity: Indicate reason:
  - 1. Personal Business
  - 2. Qualifying Event [Local 99 Only]
  - 3. Death of immediate family member.
  - 4. Accident involving my person.
  - 5. Accident involving:  a. My Property  b. Person or property of a member of my immediate family.
  - 6. Appearance in court as litigant.
  - 7. Appearance as witness under governmental order
  - 8. Illness of member of immediate family.
  - 9. Birth of child – partner/domestic partner.
  - 10. Imminent danger to my home.
  - 11. The following significant event which required my attention during my regular assigned working hours:

Reason \_\_\_\_\_

- Bereavement \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Death (Month/Day/Year) \_\_\_\_\_ Out of State Travel Required?  No  Yes

C. ABSENCE REQUEST: I request to be absent from my position during the absence period indicated above due to:

<p><b>EMPLOYEE: ALL</b></p> <input type="checkbox"/> Court Subpoena (Witness) <input type="checkbox"/> Governmental Order <input type="checkbox"/> Jury Duty <input type="checkbox"/> Unpaid <input type="checkbox"/> Work-Related	<p><b>EMPLOYEE: ADMINISTRATOR</b></p> <input type="checkbox"/> Organization <input type="checkbox"/> Wellness Day [Teamsters Only] <input type="checkbox"/> Vacation	<p><b>EMPLOYEE: FACULTY</b></p> <input type="checkbox"/> Compensatory Time Taken <input type="checkbox"/> Conference / Meeting <input type="checkbox"/> Floating Vacation Day ["D"-Basis Only] <input type="checkbox"/> Maternity / Paternity <input type="checkbox"/> Non-Duty ["D" Basis Only] <input type="checkbox"/> Personal Annual Leave (PAL)
<p><b>EMPLOYEE: CLASSIFIED</b></p> <input type="checkbox"/> Annual Eye Exam – Requires supplemental <u>Physician's Certification</u> form. <input type="checkbox"/> Annual Physical - Requires supplemental <u>Physician's Certification</u> form <input type="checkbox"/> Compensatory Time Taken <input type="checkbox"/> Organization <input type="checkbox"/> Non-Duty ["G" Basis Only] <input type="checkbox"/> Personal Annual Leave (PAL) [AFT 1521A & Local 721] <input type="checkbox"/> Parental [AFT 1521A only] <input type="checkbox"/> Substitute Holiday for _____ <input type="checkbox"/> Union Activities _____ <input type="checkbox"/> Vacation <input type="checkbox"/> Vacation in Lieu of Illness		

Other (Specify): \_\_\_\_\_

D. SUPERVISOR'S REPORT OF EMPLOYEE ABSENCE:  Absence Without Leave  Unpaid Tardy  Paid Tardy - AFT 1521A only

3. SIGNATURES:

\_\_\_\_\_  
 Employee Date Supervisor Date

**ABSENCE CERTIFICATION / REQUEST DEFINITIONS**

<b>ITEM</b>	<b>DEFINITION</b>
<b>SERVICE:</b>	<u>Academic:</u> Employees having responsibility for the operation of or formulating policy for the instructional or student services program (California Code of Regulations, Title 5 § 53402; LACCD Board Rule 10301). <u>Classified:</u> Every position not defined by the regulations of the board of governors as an academic position and not specifically exempted from the classified service according to the provisions of Section 88003 (California Educational Code § 88004; Personnel Commission Rule 516 Classification Plan)
<b>2A: ABSENCE CERTIFICATION:</b>	Absences of this nature are normally unanticipated. Absences of this nature require certification.
Illness or Injury	Self-Explanatory.
<b>2B: ABSENCE CERTIFICATION/REQUEST:</b>	Absences of this nature can be either unanticipated events or absences scheduled in advance.
FMLA	FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. This is for an absence for intermittent FMLA that has <u>already been processed</u> . At LACCD, FMLA can be Paid or Unpaid. If the employee is taking Paid FMLA, the employee shall check the one box of the absence type they are applying to their FMLA first; otherwise, if taking Unpaid FMLA, check Unpaid.
Personal Necessity	Is paid time granted to permit an employee to be absent without loss of pay when specific conditions or events require the personal attention of the employee and involve circumstances the employee cannot be reasonably be expected to disregard. See possible list of items on the front side of the Form TA-1 except for Personal Business and "Qualifying Event" which are explained below.
Personal Business	Per the number of days specified in the particular collective bargaining agreements (AFT 1521A, Crafts, Local 721, Local 99), the employee may use Personal Necessity days for personal business, as long as the employee notifies the supervisor in writing ahead of the absence in accordance with the specific collective bargaining agreements.
Qualifying Event (Local 99 Only)	For Local 99 employees only, one day in accordance with the collective bargaining unit, shall be available for any reason, chargeable to illness. If unused, such day shall not accumulate from year to year.
Bereavement	For the death of an immediate family member. See the applicable Board Rule or collective bargaining agreement for further definitions and pertinent occasions.
<b>2C: ABSENCE REQUEST:</b>	Events or absences scheduled in advance. Absences of this nature are requested.
<b>EMPLOYEE: ALL</b>	
Court Subpoena (Witness)	Granted to an employee for the actual time he or she needs to comply with a subpoena to appear as a witness. (See HR Guide P-407).
Governmental Order	Employee to appear as a witness in court, other than as a litigant, or to respond to an official order from another governmental jurisdiction for reasons not brought about through misconduct or connivance on the part of the employee (See HR Guide P-407).
Jury Duty	Granted to an employee for the actual time he or she needs to comply with a summons for jury duty (See HR Guide P-407).
Unpaid	After all vacation or illness days are exhausted, an employee may take a day without compensation in accordance with the particular Board Rule or the applicable collective bargaining agreement.
Work-Related	Employees may participate in examinations and other employment procedures and employee may be paid their regular salary for anytime they are unable to work at their place of employment because it is closed due to epidemic or emergencies. The specific details and items the employee is eligible for are listed in the applicable Board Rules or the specific collective bargaining agreement of the unit the employee belongs too.
<b>EMPLOYEE: ADMINISTRATOR</b>	
Organization	An organization leave is a leave which is granted to enable an employee to serve as an elected officer of any local community college district public employee organization, or of any statewide or national public employee organization with which the local organization is affiliated. See individual bargaining unit contracts for additional definitions. See Education Code Sections 87768.5 and 88210.
Wellness Day [Teamsters Only]	One (1) day granted each fiscal year to only the Teamsters; Unit member shall give supervisor a minimum 2 days prior written notice; If not used in fiscal year, day shall not carry forward.
Vacation	The number of days or hours per year for which an employer agrees to pay workers, for other than illness, while they are not working. See the Board Rules or the specific contractual bargaining agreement for accrual rates.
<b>EMPLOYEE: FACULTY</b>	
Compensatory Time Taken	Any non-classroom faculty member who agrees to work in accordance with the collective bargaining agreement during a holiday, vacation day that is not part of their assignment basis will be allowed compensatory time off after the service is rendered.
Conference / Meeting	A faculty member may in certain cases be paid to conferences/meetings. See the collective bargaining agreement for all applicable instances.
Floating Holiday ["D"-Basis Only]	All full-time employees assigned to non-classroom teaching duties may elect, subject to the approval of the college president or vice chancellor, to take vacation days at a time other than when the vacation day is scheduled. These vacation days must be taken during the period of time such an employee is normally assigned.
Maternity / Paternity	Leave of absence for any contract or regular faculty member who is required to absent herself or himself from their duties due to the birth or impending birth of a child or arrival of an adopted child.
Non-Duty ["D" basis Only]	"D" Basis assignments paid over 12 months are based on a total of 240 duty days to be worked between July 1 and June 30 and a pre-determined number of <u>unpaid</u> days to be taken off each year; such <u>unpaid</u> days are reported as non-duty days.
Personal Annual Leave (PAL)	Up to one day per year, designated for a significant event, shall be available to the faculty member without being deducted from the number of full pay days allocated to the faculty member; if unused, such day shall not accumulate from year to year.
<b>EMPLOYEE: CLASSIFIED</b>	
Annual Eye Exam	This must be completed prior to the exam. Upon returning from the exam, a completed <u>Physician's Certification</u> (LACCD Form P-402) must be submitted. See form P-402 for the applicable units and the amount of time allocated for the exam.
Annual Physical	This must be completed prior to the exam. Upon returning from the exam, a completed <u>Physician's Certification</u> (LACCD Form P-402) must be submitted. See form P-402 for the applicable units and the amount of time allocated for the exam.
Compensatory Time Taken	Overtime is compensated as either a cash payment or compensatory time off in accordance with the applicable Board Rule of collective bargaining agreement. If compensatory time is taken, the employee must abide by the applicable Board Rule of collective bargaining agreement.
Non-Duty ["G" Basis Only]	"G" Basis assignments paid over 12 months are based on a total of 239 duty days to be worked between July 1 and June 30 and a pre-determined number of <u>unpaid</u> days to be taken off each year; such <u>unpaid</u> days are reported as non-duty days.
Organization	An organization leave is a leave which is granted to enable an employee to serve as an elected officer of any local community college district public employee organization, or of any statewide or national public employee organization with which the local organization is affiliated. See individual bargaining unit contracts for additional definitions. See Education Code Sections 87768.5 and 88210.
Personal Annual Leave (PAL) [1521A & 721]	In accordance with the AFT 1521A and Local 721 collective bargaining agreements, one day may be available to the employee with being deducted from the number of full-pay days allocated to Personal Necessity. If unused, such day shall not accumulate from year to year.
Parental [1521A only]	Mandatory leave granted to an employee due to the birth of his/her own child or the arrival of a his/her own adopted child.
Substitute Holiday	In certain instances in accordance with the specific collective bargaining agreements, an employee may take a day off identified in place of the holiday if the supervisor agrees to the plan.
Union Activities	In accordance with the particular collective bargaining agreements union release time may be granted in one of the three occasions below: <u>Meetings/Conferences</u> (Time Code 1830), <u>Fixed allocation union release time</u> (Time Code 1845), <u>Negotiation release time</u> (Time Code 1850). Enter the type of activities on the associated line.
Vacation	The number of days or hours per year for which an employer agrees to pay workers, for other than illness, while they are not working. See the Board Rules or the specific contractual bargaining agreement for accrual rates.
Vacation in Lieu of Illness	When a permanent employee has exhausted his/her full-pay illness credit, he/she shall, at his/her request be allowed vacation in lieu of half-pay illness. The number of days paid as vacation may not exceed the employee's vacation allowance.
<b>OTHER (SPECIFY)</b>	This line is for other approved absences that are not specifically listed on the reverse side of the form, such as short term military leaves. Other may also apply to Casual Absence. Casual Absence is excused paid absence when good reason for such absence exists. Refer to Collective Bargaining Agreement and Personnel Commission rules for further information.