



Employee Tip Sheet

REQUESTING AND CERTIFYING ABSENCES

Requesting and certifying your absence has gotten easier!

In the new time reporting system, only one form is required for requesting and certifying time off. This tip sheet introduces you to the new single-sheet “absence” form. The basics of this form are easy:

1. Identify yourself by name and employee number.
2. Identify the specific date and times of your absence.
3. Explain the reason for the absence as follows:
 - Illness, Personal Necessity or Bereavement: Absences of this nature are, for the most part, unanticipated. Absences of this nature require certification. Complete Section 2A
 - Vacation, Jury Duty, and other events anticipated and scheduled in advance. Absences of this nature are requested. Complete Section 2B.
4. Complete the signature section.
5. Submit the completed form to your location time reporting office within two business days of the absence.

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PAYROLL SERVICES
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LOS ANGELES, CA 90017

SALARIED EMPLOYEE
ABSENCE CERTIFICATION / REQUEST

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.

Last Name _____ First Name _____ Middle Name _____ Personnel Number _____

1. ABSENCE PERIOD: Dates: _____ Days: _____ Part of Day: AM AM
From _____ To _____ Number _____ From _____ To _____ PM PM

2. REASON:

A. **ABSENCE CERTIFICATION:** I certify I was absent from my duty during the absence period indicated in Section 1 for the following reason:

Illness or injury: Indicate nature of illness or injury:
 Not the result of an Industrial Accident
 Result of Industrial Accident that occurred on: _____
 (Month/Day/Year) _____

Personal Necessity: Indicate Reason:
 1. Death of member of immediate family.
 2. Accident involving my person.
 3. Appearance in court as a litigant. a. My Property b. Person or property of a member of my immediate family.
 4. Appearance as witness under governmental order.
 5. Illness of member of immediate family.
 6. Birth of child – father.
 7. Imminent danger to my home.
 8. The following significant event which required my attention during my regular assigned working hours:
 Reason _____

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

B. **ABSENCE REQUEST:** I request to be absent from my position during the absence period indicated above for the following reason:

Annual Physical Exam – Requires Physician’s Certification
 Casual Absence
 Compensatory Time Taken
 Jury Duty
 Personal Absence Leave (PAL Day) - Unit 1 Employees Only
 Personal Necessity
 Unpaid
 Vacation
 Work Related: Conference/Training Union Release

C. **SUPERVISOR’S REPORT OF EMPLOYEE ABSENCE:** Absent Without

3. SIGNATURES:
 Employee _____ Date _____ Super _____

LACCD Form TA1 6/24/05

Your Employee Name and Employee Number

When were you or do you want to be absent?

Unanticipated Absence? Complete Section 2A

Anticipated Absence? Complete Section 2B

Supervisor’s Report of Employee Absence

You and your supervisor must sign the form.

Illness /Injury Absence Instructions

Physician Certification

TIME REPORTING NOTES

- “Salaried” employees report all exceptions to their Regular Work Schedule.

