

RIVERSIDE COMMUNITY COLLEGE
Absence Affidavit

_____ Academic
_____ Classified

Department _____ Campus _____

I, _____ certify that my absence on

(dates) _____ hours/days was due to:

_____ Vacation (Must be approved and on file in advance.)

_____ Personal illness

_____ Personal necessity - (Approval in advance is required in most circumstances.
See Collective Bargaining Agreement. This is a deduction from sick leave.
Complete bottom of form - send to Human Resources.)

_____ Leave without pay - (Any absence longer than five days requires approval by Board of Trustees; less than five days requires approval of a Vice President or Provost.)

_____ Jury duty (Copy of summons must be on file in the Human Resources Office.)

_____ Bereavement - (State relationship to employee: _____)

Out of state travel required? yes _____ no _____

_____ Comp. time

_____ Other: _____

Supervisor Signature

Employee Signature

Date

Date

PERSONAL NECESSITY REQUEST

I hereby request _____ hours/days personal necessity leave as provided for in Board Policy 3020, 3025, 4021, or 4025 for the following reason: (please explain the specific nature of the emergency.)

Employee Signature

Date

Supervisor Signature

Dean of Instruction Signature
(if applicable)

| | |
|-------------------------------|------------|
| FOR OFFICE USE ONLY | |
| Approved for _____ | hours/days |
| Denied _____ | |
| Date _____ | |
| _____ Authorized Signature | |