



**Mission:** To inspire learner success and community development through innovative learning in an inclusive and diverse environment.  
**Vision:** Ever to excel in a global society.  
**Values:** We value learner achievement, academic excellence and personal growth founded on our longstanding principles of: people-centred and respect, accountability and integrity, inclusiveness and collaboration, continuous self-improvement, innovation and pride.

LEADING.  
LEARNING.  
SINCE 1913.

## ABSENCE REPORT

Name \_\_\_\_\_

Department \_\_\_\_\_

Reason for Absence	Period of Absence				# of Hours
<b>General Illness</b> - more than three days <i>attach medical certificate</i>	From		To		<i>Inclusive</i>
<b>Leave Without Pay</b> - less than one month	From		To		<i>Inclusive</i>
<b>Union Business</b>	From		To		<i>Inclusive</i>
<b>Worker's Compensation</b>	From		To		<i>Inclusive</i>

All items below require entry into **PeopleSoft Self Service - Timesheets** unless the date/s occurred more than one month previous. In such a case, complete this form and send an authorized copy to Human Resources.

<b>Annual Holidays</b>	From		To		<i>Inclusive</i>
When requesting for more than one period (that is not inclusive), please separate entries by line.	From		To		<i>Inclusive</i>
	From		To		<i>Inclusive</i>
<b>Time Off in Lieu of overtime</b>	From		To		<i>Inclusive</i>
<b>Casual Illness</b> - three days or less	From		To		<i>Inclusive</i>
<b>Special Leave</b>					
<b>Family Illness</b>	From		To		<i>Inclusive</i>
<i>Relationship</i>					
<b>Bereavement Leave</b>	From		To		<i>Inclusive</i>
<i>Relationship</i>					
<i>Location of Funeral</i>					
<b>Other</b>	From		To		<i>Inclusive</i>
<i>Please specify</i>					

The authorizing supervisor's signature indicates that the information contained on this form has been thoroughly reviewed, is accurate, and appropriately complies with the applicable agreements and College policies and procedures.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

**Completion of this report is the responsibility of the employee.**  
 Refer to respective agreements for entitlements.  
 Send original to Human Resources. Retain a copy for your records