PART-TIME FACULTY SICK LEAVE FORM

Name: ___________________________   Gavilan ID #: G00

Department _________________________

TERM (Mark One)  Fall [ ] Winter [ ] Spring [ ] Summer [ ] Year ________

INSTRUCTIONAL FACULTY:

<table>
<thead>
<tr>
<th>Date of Absence</th>
<th>Number of Classes Missed</th>
<th>Total Number of Classes Scheduled on the Date of Absence</th>
</tr>
</thead>
<tbody>
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</table>

NON-INSTRUCTIONAL FACULTY:

<table>
<thead>
<tr>
<th>Date of Absence</th>
<th>Number of Hours Missed</th>
<th>Total Number of Hours Scheduled on the Date of Absence</th>
</tr>
</thead>
<tbody>
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</table>

Employees are to report all sick leave related absences to their Supervisor. Report the actual absence no later than one day after your return to work. For extended leave or serious illness refer to appropriate employee contract agreement.

Employee’s Signature: ___________________________   Date: ________________

Use of sick leave will be reported in quarter day increments .25, .50, .75 or 1.0. (See GCFA Contract 10.15)

Example: Part-time faculty employee is scheduled to teach 3 classes on the date of absence and misses 2 classes.

2/3 = .667 rounded to .75

.75 is deducted from sick leave balance

REQUIRES SUPERVISOR’S APPROVAL

☐ APPROVED  ☐ NOT APPROVED

Supervisor’s Signature: ___________________________   Date: ________________

DISTRIBUTION:
Faculty – Submits to Supervisor
Supervisor – Submits to Human Resources Department
HR – Submits to the Business Office if deduction exceeds available balance