

Madison College
Part-time Faculty Absence Report

Employee Name: _____

Employee Number: _____
(One Card Number)

Department: _____

Course Number: _____

Chartfield: _____

Type of Absence: * _____

Number of Hours: _____

Date(s) of Absence: _____

* Absence Types:

- *Leave Without Pay*
- *Sick Leave*
- *Absence Due To Weather When School Is Open (Classes Rescheduled ___Yes ___No)*

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____
(Department Administrator)

Please complete this form and submit to your Department Office.