



PART-TIME FACULTY SICK LEAVE FORM

Name: _____ Gavilan ID # G00 _____

Department _____

TERM (Mark One) Fall Winter Spring Summer Year _____

INSTRUCTIONAL FACULTY:

Date of Absence	Number of Classes Missed	Total Number of Classes Scheduled on the Date of Absence

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

NON-INSTRUCTIONAL FACULTY:

Date of Absence	Number of Hours Missed	Total Number of Hours Scheduled on the Date of Absence

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: _____

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*