

**MT. SAN ANTONIO COLLEGE  
MANAGEMENT ABSENCE REPORT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

*PLEASE SUBMIT THIS REPORT MONTHLY ONLY IF ONE OF THE FOLLOWING ABSENCES HAS OCCURRED:*

(1) Illness: Date(s) \_\_\_\_\_

(2) Personal Necessity Leave: Date(s) \_\_\_\_\_

Reason: Date(s) \_\_\_\_\_

Approved  Not Approved  Office of Human Resources \_\_\_\_\_

Date: \_\_\_\_\_

(3) Bereavement: Date(s) \_\_\_\_\_

Less than 200 miles one way

More than 200 miles one way

Relationship to Deceased: \_\_\_\_\_

(4) Other Leave: Date(s) and Explanation: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed/Approved by Supervisor \_\_\_\_\_

Date: \_\_\_\_\_