

**WASHTENAW COMMUNITY COLLEGE
OFFICE OF HUMAN RESOURCE MANAGEMENT**

Part Time Adjunct Teaching Faculty Absentee Form

Name: _____ Employee ID: _____

Semester: _____

PLEASE USE A NEW SECTION FOR EVERY DATE MISSED

Date Absent: _____	Number of Teaching Hours Absent: _____
CRN#: _____	Time of Day Absent: _____
Date Absent: _____	Number of Teaching Hours Absent: _____
CRN#: _____	Time of Day Absent: _____
Date Absent: _____	Number of Teaching Hours Absent: _____
CRN#: _____	Time of Day Absent: _____

(Part-time Adjunct Teaching Faculty may access the Full-time Education Association sick bank for up to twelve (12) hours of leave each year. Part-time Adjunct Teaching Faculty may use this time for their illness, for family illness, or attending a funeral and six (6) hours of the twelve (12) may be used for personal business.)

Personal Business (6 hours)

Employee Signature

Date

Supervisor Signature
(Dean of Area)

Date

PLEASE SEND THIS FORM TO HRM, BE 120

For HRM Use Only

HRM Signature

Date