

# Del Mar College Exempt Absence Report

**Employee:** \_\_\_\_\_

**Colleague ID:** \_\_\_\_\_

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

				Hours Absent	Date Absent
Sick Jury College Closed	Personal Military	Vacation LWOP College Area Closed	Holiday Professional		
Sick Jury College Closed	Personal Military	Vacation LWOP College Area Closed	Holiday Professional		
Sick Jury College Closed	Personal Military	Vacation LWOP College Area Closed	Holiday Professional		
Sick Jury College Closed	Personal Military	Vacation LWOP College Area Closed	Holiday Professional		
Sick Jury College Closed	Personal Military	Vacation LWOP College Area Closed	Holiday Professional		
Sick Jury College Closed	Personal Military	Vacation LWOP College Area Closed	Holiday Professional		
Sick Jury College Closed	Personal Military	Vacation LWOP College Area Closed	Holiday Professional		
Sick Jury College Closed	Personal Military	Vacation LWOP College Area Closed	Holiday Professional		
Sick Jury College Closed	Personal Military	Vacation LWOP College Area Closed	Holiday Professional		

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

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

Supervisor Signature: \_\_\_\_\_

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

**Route through Appropriate Vice President or Dean to Payroll.**

Vice President or Dean Signature: \_\_\_\_\_

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

**Note: This form should be executed immediately upon return to work.**