PRINT CLEAR

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Del Mar College
Non-Exempt Absence Report

Employee:	**Month:**
Colleague ID:	☐ 1 – 15 (Due 16th) ☐ 16 – 31 (Due 1st)
Department:	

(PLEASE CHECK ONE REASON)				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		
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☐ 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		

I hereby certify that this correctly reflects time in excess of 40 hours weekly (Overtime) or absences for the pay period.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

OVERTIME

Date	Hours	Rate		Date	Hours	Rate		Date	Hours	Rate	
1		☐ 1.0	☐ 1.5	12		☐ 1.0	☐ 1.5	23		☐ 1.0	☐ 1.5
2		☐ 1.0	☐ 1.5	13		☐ 1.0	☐ 1.5	24		☐ 1.0	☐ 1.5
3		☐ 1.0	☐ 1.5	14		☐ 1.0	☐ 1.5	25		☐ 1.0	☐ 1.5
4		☐ 1.0	☐ 1.5	15		☐ 1.0	☐ 1.5	26		☐ 1.0	☐ 1.5
5		☐ 1.0	☐ 1.5	16		☐ 1.0	☐ 1.5	27		☐ 1.0	☐ 1.5
6		☐ 1.0	☐ 1.5	17		☐ 1.0	☐ 1.5	28		☐ 1.0	☐ 1.5
7		☐ 1.0	☐ 1.5	18		☐ 1.0	☐ 1.5	29		☐ 1.0	☐ 1.5
8		☐ 1.0	☐ 1.5	19		☐ 1.0	☐ 1.5	30		☐ 1.0	☐ 1.5
9		☐ 1.0	☐ 1.5	20		☐ 1.0	☐ 1.5	31		☐ 1.0	☐ 1.5
10		☐ 1.0	☐ 1.5	21		☐ 1.0	☐ 1.5				
11		☐ 1.0	☐ 1.5	22		☐ 1.0	☐ 1.5				