CLARK ATLANTA UNIVERSITY

STAFF EMPLOYEE ABSENCE REPORT

GUIDELINES FOR COMPLETING AND SUBMITTING LEAVE FORM

**Employee:** Complete, sign and attach document (if applicable) to this leave form and submit to your manager/department head.

**Manager/Department Head:** Your signature authorizes approval for the designated days off. **Please submit the original form to the Payroll Department for processing.** Copies may be retained for departmental and employee’s records.

<table>
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<tr>
<th>EMPLOYEE ID#</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
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**ELIGIBILITY REQUIREMENTS:**
ANNUAL LEAVE: AFTER 6 MONTHS OF CONTINUOUS EMPLOYMENT
SICK LEAVE: AFTER 60 DAYS OF CONTINUOUS EMPLOYMENT
PERSONAL LEAVE: AFTER ONE YEAR OF CONTINUOUS EMPLOYMENT

**EMPLOYEE RESPONSIBILITY:** It is the responsibility of the employee to obtain approval from his/her manager / department head and pre-arrange annual and personal time off according to the CAU Leave Policy. It is also the responsibility of the employee to complete an absence report the first day the employee returns from an unscheduled absence, such as sick leave.

**CONDITIONS OF PAID TIME OFF:** If an employee does not have adequate time accrued to cover hours/days absent, the employee’s check will be **Docked** for those hours or placed in a no-pay status for that absence. Please reference the leave benefits policy.

**NON-BENEFIT BASED PART-TIME EMPLOYEES, TEMPORARY AND CONTRACT EMPLOYEES ARE NOT ELIGIBLE FOR PAID LEAVE.**

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<tr>
<th>SICK LEAVE</th>
<th>PERSONAL HOURS</th>
<th>ANNUAL LEAVE</th>
<th>JURY DUTY</th>
<th>BEREAVEMENT</th>
<th>MILITARY LEAVE</th>
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**BEREAVEMENT LEAVE (PLEASE STATE RELATIONSHIP)**

MILITARY LEAVE: **START DATE:** END DATE: (PLEASE ATTACH ORDERS)

FAMILY MEDICAL LEAVE (FMLA): CHARGE TO SICK LEAVE: ANNUAL LEAVE:

**COMMENTS**

_________________________   ___________________________  __________ ____________
Employee’s Signature                                                                 Date

_________________________   ___________________________  __________ ____________
Manager/Department Head Signature                                                    Department                                                                 Date