McLennan Community College Contract Employee Absence Report Adm #7 (For use by professional employees on contract, except teaching faculty)

| Month o | of: | | | | | | | | | | | | |
|----------------------------------|----------------------|----------------------------------|--|---|------------------------------------|---|--------------------------------|------------------------------------|----------------------------|-----------|------------------------|-----------|--|
| Employ | ee: | | | | | | | Emple | oyee ID | Numb | er | | |
| Departn | nent: | | | | | | | | | | | | |
| _ | | | | | | | | | - | | | | |
| Type of Absence | | | Number | Dates Out of Office | | | | | | | | | |
| Vacatio | | | | | | | | | | | | | |
| Sick Lea | ave | | | | | | | | | | | | |
| Personal Leave (Please check) | | | | y 🔲 | 1 day | | | | | | | | |
| | | | 1 ½ day | s 🗌 | 2 days | | | | | | | | |
| Other A (Explain | bsence in Remarks |) | | | | | | | | | | | |
| Remarks | : | | | | | | | | | | | | |
| Signature | es: | | | | | | | | | | | | |
| Employee | | | | | | | Supervisor | | | | | | |
| 2. Colle 3. Repo | orts are due | ed holic to the ir to Payr | days or abse mmediate su oll Office by | ence on uperviso the 15 th | authoriz or by the or day of | ed trave 10 th day the follo | el is not of the wing mo | reported following onth afte | d. g month er the ab | after the | ne absences occur | | |
| Name: | | | | | | | Title | | | | | | |
| Department: | | | Account Number: | | | | | | | | | | |
| | | Fron | 100000000000000000000000000000000000000 | | | | | | | | | | |
| | Start Date | e l | End Date | Sat. | Sun. | Mon. | Tue. | Wed. | Thu. | Fri. | Total Straight Time | *Comptime | |
| Veek 1 | C.u.r. Dati | | Date | Juli | Juli | | | u. | ···· | | on argine Time | _uiiiod | |
| Veek 2 | | | | | | | | | | | | | |
| Veek 3 | | | | | | | | | | | | | |
| Veek 4 | | | | | | | | | | | | | |
| Veek 5 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Vice President (or President) Signature