

# Blinn College LATE LEAVE REPORT

This form will only be used to record leave time that was not reported with web time entry during the appropriate period.

Name \_\_\_\_\_ Blinn ID No \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_ Total Hours: \_\_\_\_\_  
(in one hour increments)

| <b><u>FACULTY ONLY</u></b>               | <b>Classes Missed<br/>(alpha/numeric designation)</b> | <b>Section Number</b> | <b>Length of class in minutes</b> | <b>Substitute utilized yes/no</b> | <b>Name of Substitute</b> | <b>Substitute Teaching form will be submitted yes #/no</b> |
|--|---|-----------------------|-----------------------------------|-----------------------------------|---------------------------|--|
| <b><u>Please list classes missed</u></b> | <i>Ex: HIST 1391</i>                                  | <i>302</i>            | <i>50</i>                         | <i>yes</i>                        | <i>John Smith</i>         | <i>yes</i>   |
|  | 1)  |                       |                                   |                                   |                           |  |
|  | 2)  |                       |                                   |                                   |                           |  |
|  | 3)  |                       |                                   |                                   |                           |  |
|  | 4)  |                       |                                   |                                   |                           |  |
|  | 5)  |                       |                                   |                                   |                           |  |

# If a substitute is used, this form must be attached.

**Reason for Absence: Refer to faculty/employee handbook for leave definitions.**

- |                                   |                                    |  |   |
|-----------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Sick     | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Leave without Pay | <input type="checkbox"/> Vacation*      |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Funeral** | <input type="checkbox"/> Other             | <input type="checkbox"/> Discretionary* |

\* Full-time, 12 month employees only

\*\* Full-time employees may use up to three days of available sick leave per occurrence when there is a death in the immediate family. Record sick leave on your online leave report with a comment of "funeral leave".

Additional details as needed: \_\_\_\_\_

Reason for submitting late leave report: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Vice President Signature/Date  
(may be required for multiple occurrences)

*Forward signed form to the Human Resources Office.*