



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

C

CLASSIFIED EMPLOYEE ABSENCE AFFIDAVIT

NAME: _____ G#: _____ ORG. NO.: _____

MO./YR: _____ DIV./OFFICE: _____ JOB TITLE: _____

Table with columns: DAY OF MONTH, SICK LEAVE, VACATION, OTHER, COMP TIME, LEAVE W/O PAY (HOURS). Includes a total row at the bottom.

* Reason Code (Sick Leave):

- Employee Illness: SEI
Immediate Family Illness: SFI
Bereavement Distant Family: SBF
Personal Necessity: SPN

** Reason Code (Other):

- Bereavement Immediate Family: BIF
Jury Duty: JRY
Workers Compensation: WRC
Military Service: MSV

I certify that the total hours recorded above are true and correct and represent my total absences for the month. I have also specified reasons when required per "Leave Description". With the exception of the above hours, I worked my full schedule this month.

Employee's Signature: _____ Date: _____ Administrator's Signature: _____ Date: _____

If you have an absence to report, please return this completed form to your Administrative Supervisor at the end of each month.

VACATION ACCRUAL RATES

Rates are based on a full-time 37.5 hours per week, 12 month per year work schedule.

CSEA				CONFIDENTIAL/SUPERVISORY				AFSCME			
YEARS	DAYS	HOURS	MAXIMUM	YEARS	DAYS	HOURS	MAXIMUM	YEARS	DAYS	HOURS	MAXIMUM
1	10	6.25	150.00	1	12	7.50	180.00	1	10	6.25	150.00
2	11	6.88	165.12	2	13	8.13	195.12	2	11	6.88	165.12
3	12	7.50	180.00	3	14	8.75	210.00	3	12	7.50	180.00
4/5/6	15	9.38	225.12	4/5/6	17	10.63	255.12	4	13	8.13	195.12
7/8	16	10.00	240.00	7/8	18	11.25	270.00	5/6	15	9.38	225.12
9	17	10.63	255.12	9	19	11.88	285.12	7/8	16	10.00	240.00
10	18	11.25	270.00	10	20	12.50	300.00	9	17	10.63	255.12
11-19	20	12.50	300.00	11-19	22	13.75	330.00	10	18	11.25	270.00
20 +	22	13.75	330.00	20 +	23	14.38	345.12	11 – 19	20	12.50	300.00
								20 +	21	13.13	315.12