LOS ANGELES COMMUNITY COLLEGE DISTRICT
INSTRUCTOR ABSENCE AND SUBSTITUTE SUMMARY

LOCATION: _____ **DATE:** _____

DEPARTMENT: _____

SUBJECT: NOTIFICATION OF INSTRUCTOR ABSENCE/REQUEST FOR SUBSTITUTE

This form is used to record day to day instructor absences for full time and adjunct faculty and to request substitute payment.

Absent instructor name: _____ **Employee Number:** _____

Date(s) Absent	Section No.	Course	Title	Class Start	Class End	Total Class Hours	Absent Hours	Subject Load*

** Please list the semester contract load per Article 13, Table A of the AFT contract*

Reason for Absence ☐ Illness ☐ Unpaid ☐ Jury Duty
☐ Personal Emergency ☐ Bereavement

SUBSTITUTE REQUESTED: ☐ **Yes** ☐ **No**

Substitute instructor name: _____ **Employee Number:** _____

Date(s) Worked	Section No.	Course	Title	Start	End	Total Hrs Worked	Substitute Signature

Notes:

Account Number: Regular Budget: ___ - ____ Specially Funded : ___ - ____

Approved by: _____ Date: _____
Vice President of Academic Affairs

Original to: ☐ Payroll
Copies to: ☐ Originating Division ☐ VP Academic Affairs ☐ Personnel