



Associated Students Incorporated

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Report of Absence Form

Name:

Date:

Date(s) of Absence	Time(s) of Absence	Reason for Absence	Vacation Hours	Sick Hours	Family Hours	Personal Holiday	Jury Duty Hours	Compensatory Time Off	Date(s) Compensated for

Employee's Signature Date

Supervisor's Signature Date