Associated Students Incorporated
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Report of Absence Form

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 Name: _____

Supervisor's Name: _____

Signature: _____ Date:_____

Signature: _____ Date:_____

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