

**Ohlone Community College District  
Monthly Report of Hours Worked/Absent**

Name: \_\_\_\_\_ Colleague (Datatel) ID: \_\_\_\_\_

Dept: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**(B) Bereavement Leave**

| From | To | Relationship to Deceased: | Miles Traveled or State |
|------|----|---------------------------|-------------------------|
|      |    |                           |                         |
|      |    |                           |                         |
|      |    |                           |                         |

**(W) Leave without Pay (Prior approval Required by Supervisor and HR Benefits)**

| From | To | Explain Need or Reason: |
|------|----|-------------------------|
|      |    |                         |
|      |    |                         |
|      |    |                         |

**(E) Personal Necessity Leave**

| From | To | Description of Need or Emergency (will be charged to sick leave balance) |
|------|----|--|
|      |    |  |
|      |    |  |
|      |    |  |

**(P) Personal Business Leave**

| From | To | Description of Need or Emergency | Charge To (S, V)* |
|------|----|----------------------------------|-------------------|
|      |    |                                  |                   |
|      |    |                                  |                   |
|      |    |                                  |                   |

\* **Note:** All Personal Business Leave must be charged to your sick or vacation balance.

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify this to be a true and accurate record of hours worked/absent during this reporting period.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Revised on 6/8/2010