

ABSENCE REPORT, CONTRACT EMPLOYEES

Policies and Procedures: F-V-a

Exclusion

Teaching faculty members are excluded from the provisions of this procedure.

Procedure

- Employee – Complete the “Contract Employee Absence Report” by the 10th day of the following month after the absence occurs. Contract employees should report all absences on this form. Exceptions to reporting absences may be approved by the supervisor as long as the minimum 40-hour work week has been performed by the employee. The report should be signed and forwarded to the immediate supervisor.
- Supervisor – Review the report received from the employee, provide approval and forward to the Payroll Office by the 15th of the month.
- Payroll – Calculate the value of any excess sick leave, excess vacation or other non-compensated leave and process the adjustment against the current payroll. File the reports as part of the permanent payroll records.

Forms Used

“Contract Employee Absence Report” ADM #7.

McLennan Community College
Contract Employee Absence Report Adm #7
(For use by professional employees on contract, except teaching faculty)

Month of:			
Employee:		Employee ID Number	
Department:			

Type of Absence	Number of Hours	Dates Out of Office
Vacation		
Sick Leave		
Personal Leave (Please check)	<input type="checkbox"/> ½ day <input type="checkbox"/> 1 day	
	<input type="checkbox"/> 1 ½ days <input type="checkbox"/> 2 days	
Other Absence (Explain in Remarks)		

Remarks:

Signatures:

Employee

Supervisor

Instructions:

1. Contract employees should report all absences on this form. Exceptions to reporting absences may be approved by the supervisor as long as the minimum 40-hour work week has been performed by the employee.
2. College recognized holidays or absence on authorized travel is not reported.
3. Reports are due to the immediate supervisor by the 10th day of the following month after the absences occur.
4. Reports are due to Payroll Office by the 15th day of the following month after the absence occurs.

Professional Non-Exempt Employee Timesheet

Name:		Title:	
Department:		Account Number:	
Payroll Period:	From:		Thru:

	Start Date	End Date	Sat.	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Total Straight Time	*Comptime Earned
Week 1											
Week 2											
Week 3											
Week 4											
Week 5											

 Comptime Approval
 Vice President (or President) Signature