

**Madison College**  
**Part-time Faculty Absence Report**

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_  
(One Card Number)

Department: \_\_\_\_\_

Course Number: \_\_\_\_\_

Chartfield: \_\_\_\_\_

Type of Absence: \* \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

\* Absence Types:

- *Leave Without Pay*
- *Sick Leave*
- *Absence Due To Weather When School Is Open (Classes Rescheduled \_\_\_Yes \_\_\_No)*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Department Administrator)

*Please complete this form and submit to your Department Office.*