

# DAWSON

## C O L L E G E

### CERTIFICATE OF ABSENCE

FAMILY NAME AT BIRTH \_\_\_\_\_ GIVEN NAME \_\_\_\_\_

EMPLOYEE NUMBER \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

FIRST DAY ABSENT  
YY/MM/ DD AM PM  
\_\_\_\_\_

LAST DAY ABSENT  
YY/ MM/ DD AM PM  
\_\_\_\_\_

# OF DAYS or # OF HOURS

#### REASON FOR ABSENCE

- |  |  |
|--|--|
| <input type="checkbox"/> *illness                              | <input type="checkbox"/> force majeure (fire/flood/disaster) |
| <input type="checkbox"/> *C.S.S.T. (work accident)             | <input type="checkbox"/> jury duty/court appearance          |
| <input type="checkbox"/> death - relationship:                 | <input type="checkbox"/> authorized absence with pay         |
| <input type="checkbox"/> marriage of an employee               | <input type="checkbox"/> authorized absence without pay      |
| <input type="checkbox"/> marriage of a relative of employee    | <input type="checkbox"/> personal day                        |
| <input type="checkbox"/> paternity leave (5 days)              | <input type="checkbox"/> religious holiday                   |
| <input type="checkbox"/> vacation                              | <input type="checkbox"/> syndical leave                      |
| <input type="checkbox"/> moving day (attach change of address) | <input type="checkbox"/> professional activity leave         |

Other reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR FACULTY ONLY:** Who was advised of the absence: \_\_\_\_\_

Were classes missed: Yes \_\_\_\_\_ .- No \_\_\_\_\_

Were you replaced: Yes . \_\_\_\_\_ No \_\_\_\_\_

Name of replacement (if known): \_\_\_\_\_

signature

date

\*\*DISABILTIY REPORT (If the absence exceeds 5 working days):  ATTACHED  TO FOLLOW

FACULTY: white - dean  
yellow - teacher

STAFF: white - department  
yellow - employee