LOS ANGELES COMMUNITY COLLEGE DISTRICT
INSTRUCTOR ABSENCE AND SUBSTITUTE SUMMARY

LOCATION: _____ **DATE:** _____

DEPARTMENT: _____

SUBJECT: NOTIFICATION OF INSTRUCTOR ABSENCE/REQUEST FOR SUBSTITUTE

This form is used to record day to day instructor absences for full time and adjunct faculty and to request substitute payment.

Please attach Absence Certification Request to this form.

Absent instructor name: _____ **Employee Number:** _____

Date(s) Absent	Section No.	Course	Title	Class Start	Class End	Total Class Hours	Absent Hours	Subject Load*	Credit or Non-Credit

** Please list the semester contract load per Article 13, Table A of the AFT contract*

SUBSTITUTE REQUESTED: **[ ] Yes** **[ ] No**

Substitute instructor name: _____ **Employee Number:** _____

Date(s) Worked	Section No.	Course	Title	Start	End	Total Hrs Worked	Substitute Signature

Notes:_____

_____

Account Number: Regular Budget: _____ - _____ Specially Funded : _____ - _____

Approved by: _____ Date: _____

Vice President of Academic Affairs

Original to: [ ] Payroll

Copies to: [ ] Originating Division [ ] VP Academic Affairs [ ] Personnel