Washtenaw Community College
Office of Human Resource Management
Part Time Faculty Absentee Form

Name:_____

Employee ID:_____   **Semester:**_____

Please use a new section for every date missed

Date Absent:_____   Number of Teaching Hours Absent:_____

CRN #:_____   Time Absent:_____

Date Absent:_____   Number of Teaching Hours Absent:_____

CRN #:_____   Time Absent:_____

Date Absent:_____   Number of Teaching Hours Absent:_____

CRN #:_____   Time Absent:_____

_____   _____
Employee Signature   Date

_____   _____
Supervisor Signature   Date

ORG the instructor is paid from_____

For Payroll Use Only

Number of Teaching Hours Missed _____ x $_____= $_____

Authorizing Signature _____