

**FOOTHILL DE ANZA COMMUNITY COLLEGE DISTRICT  
LEAVE REPORT FOR FACULTY AND PAYMENT OF SUBSTITUTES**

(See Article 16 of the *Agreement* between the District and Faculty Association)

Report ID: \_\_\_\_\_  
Report Date: \_\_\_\_\_

**Employee ID:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
First & Last

Faculty Load Type	Type of Absence	Code	Dates of Absence	Partial Day OR		Full Day
				Hrs Absent	Hrs Scheduled	Yes

**Process for payment for Substitute:**

CRN	Dept - Class - Section	Date(s)	Hours	Type	Substitute Name	Employee ID	Transaction #
							_____
							_____
							_____

I herby affirm that, with the exceptions reported, I have worked the scheduled duty hours for the period covered by this leave report.

I herby affirm that, I approve all leaves taken in accordance with the terms of the employment agreement in effect during this reporting period.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Dean/Sup Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_