MONTH/YEAR _____/_____

DEPARTMENT _____

DEPARTMENT HEAD'S SIGNATURE _____

# MONTHLY SICKNESS AND ABSENCE REPORT

**PLEASE ENSURE THAT REQUEST FOR LEAVE FORMS ARE ATTACHED.**

**UNIVERSITY OF VICTORIA**
**HUMAN RESOURCES**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SICK LEAVE | VACATION | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NAME | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Hours Taken | Hours Taken | Hours Taken |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Absences are to be reported in hours to the **nearest half day only**. Only employees who have been absent should be listed. If no absences have been incurred, a nil report should be forwarded.

**PLEASE USE APPROPRIATE CODES AS FOLLOWS:**

| | | |
|---|---|---|
| **S** | – Sickness | – personal illness only |
| **D** | – Dependent Sickness | – illness of a dependent as per article 23.01 |
| **W** | – WCB | – work-related illness/injury |
| **I** | – ICBC | – ICBC-related injury |
| **V** | – Vacation | – days on vacation within limit of entitlement |
| **C** | – Compassionate | – absence for compassionate reasons as per article 24.04 (CUPE 951) |
| **J** | – Court Appearances | – full pay for these purposes, provided payment received for these duties is turned over to Payroll |
| **P** | – Personal | – leave **without pay**, unless otherwise specified, including days extension to vacation |
| **T** | – Overtime | – days taken **with pay** in lieu of payment for overtime worked |
| **N** | – Union | – leave **without pay** as defined in article 24 of the agreements with CUPE |
| **E** | – Emergency | – absence **with pay**–please provide explanation as per article 24.05 (CUPE 951) |

**COMMENTS:**

_____

_____

_____

_____

_____