



2100 Chester Avenue  
Bakersfield, CA 93301-409  
(661) 336-5100

**ORIGINAL**

Bakersfield College  
Cerro Coso College  
Porterville College

## Adjunct Faculty and Academic Extra-Pay Absence Report

Identification Number		Employee's Name <i>(Please Print)</i>			
<b>I HEREBY CERTIFY THE FOLLOWING ABSENCE(S)</b> (Employee must immediately complete this form upon return to duty.)					
Employee's Signature		Date	Department/Office		
<b>C O D E</b>	(S) Sick Leave		<b>Date(s)</b>	<b>Code</b>	<b>Hours</b>
	(O) Other (Identify)				
	_____				
	_____				
	_____				
Supervisor's Signature		Date	College President's/Designee's Signature		Date

02/2013 DO/HR

Original to: KCCCD Human Resource/Payroll Office

Copy to: College Human Resources

Records Retention Code—Class 3, Disposable Records [Form should be destroyed during the third (3<sup>rd</sup>) year after the fiscal year in which service was completed.]



2100 Chester Avenue  
Bakersfield, CA 93301-409  
(661) 336-5100

**COLLEGE HR COPY**

Bakersfield College  
Cerro Coso College  
Porterville College

## Adjunct Faculty and Academic Extra-Pay Absence Report

Identification Number		Employee's Name <i>(Please Print)</i>			
<b>I HEREBY CERTIFY THE FOLLOWING ABSENCE(S)</b> (Employee must immediately complete this form upon return to duty.)					
Employee's Signature		Date	Department/Office		
<b>C O D E</b>	(S) Sick Leave		<b>Date(s)</b>	<b>Code</b>	<b>Hours</b>
	(O) Other (Identify)				
	_____				
	_____				
	_____				
Supervisor's Signature		Date	College President's/Designee's Signature		Date

02/2013 DO/HR

Original to: KCCCD Human Resource/Payroll Office

Copy to: College Human Resources

Records Retention Code—Class 3, Disposable Records [Form should be destroyed during the third (3<sup>rd</sup>) year after the fiscal year in which service was completed.]