

# Self-Reporting Absence Form

## What is self-reporting?

Self-reporting is providing details about your circumstances due to illness, injury or extenuating circumstances.

## Self-Reporting Absence Form

You will be required to complete the Self-Reporting Absence Form below to report short periods of illness, injury or absences due to extenuating circumstances of 1-5 consecutive days which prevented you from attending lectures, workshops, simulation days, examinations, assessments and practice education placements.

Please note that Self-Reporting Absence Forms must:

- relate specifically to the date and duration of the illness/injury/extenuating circumstances; and
- contain a detailed description of the reasons for non-attendance.

## How to submit a Self-Reporting Absence Form

Submit your completed form to your Lead Instructor for absences during classroom learning, and to your RTC (PCP)/PEL (ACP) for absences during practice education placements. See below for planned absences.

## Planned absence

In the event of a pre-planned absence for any reason, please contact your RTC (PCP)/ PEL (ACP) or Program Manager for a meeting or discussion.

## Absences from lectures, workshops, examination, and simulation days

All programs have attendance requirements and you may need to submit documentary evidence for any absences. Please make sure you know what the attendance requirements are for your program. They are outlined in the *ACP and PCP Program Guidelines and Procedures* document found under Policy and Procedures on your program page at [www.jibc.ca](http://www.jibc.ca). The program will advise as to what documentary evidence you will require, if needed.

## Self-Reporting Absence Form

<b>Last Name</b>	
<b>First Name</b>	
<b>Student JIBC ID Number</b>	
<b>Program</b>	
<b>Lead Instructor</b>	
<b>Course/Block/Term</b>	

I was absent during the following period (enter first day and last day of absence):

From \_\_\_\_\_ am/pm on \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

To \_\_\_\_\_ am/pm on \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

I was unable to attend due to:

This affected my studies in the following way:

I hereby certify that the information I have given on this form is correct, to the best of my knowledge, and I understand that appropriate staff will have access to the information provided on this form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_