



# EMPLOYEE ABSENCE AMENDMENTS/ADJUSTMENTS FORM

\*\*\*TO BE USED TO AMEND/ADJUST AN ABSENCE AFTER THE MONTHLY ABSENCE MANAGEMENT REPORT HAS BEEN SUBMITTED TO PAYROLL\*\*\*

**SEND COMPLETED FORM TO THE PAYROLL/BENEFITS DEPARTMENT**

EIN # \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_

CERTIFICATED \_\_\_\_\_ CLASSIFIED \_\_\_\_\_

SITE/LOCATION \_\_\_\_\_

POSITION \_\_\_\_\_

**TRANSACTION NUMBER(S) OR DATE(S):** \_\_\_\_\_

CHANGE REASON CODE FROM \_\_\_\_\_ TO \_\_\_\_\_

CHANGE HOURS FROM \_\_\_\_\_ TO \_\_\_\_\_

ABSENCE WAS NOT REPORTED INTO ABSENCE MANAGEMENT TRACKING SYSTEM (FORMERLY AESOP)  
REASON CODE \_\_\_\_\_ HOUR(S) \_\_\_\_\_

USE VACATION IN LIEU OF NEGATIVE SICK LEAVE (RC 14) (MUST HAVE AUTHORIZED APPROVAL)

OTHER (State reason): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**MUST HAVE AUTHORIZED SIGNATURE AND EMPLOYEE SIGNATURE BEFORE CHANGE CAN BE MADE.  
KEEP A COPY FOR YOUR FILE.**