



EMPLOYEE ABSENCE AMENDMENTS/ADJUSTMENTS FORM

THIS FORM MUST BE COMPLETED ALONG WITH AUTHORIZED SIGNATURES PRIOR TO EACH EMPLOYEE ABSENCE TRACKING ADJUSTMENT(S)

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 AESOP REASON CODE _____ HOURS _____
- ☐ 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.**

DATA/INFORMATION REGARDING PAYROLL ACTIONS - DOCKS/ATP BALANCE

Revised 1/19/2017