

Absence Adjustment Form

This form should be used for time not entered in Absence Management. Requests can only be adjusted back two pay periods. If requests are within than the two pay periods, the adjustment form will be returned with no action taken. We will not accept requests via email, but will accept this form 'attached' to an email. Contact your campus Payroll Technician for assistance.

Employee Name: _____

Employee ID #: _____

Employee Contact #: _____

Campus: _____ Rec#: _____

'Other' Absence Event types: Sick Family, Bereavement, Catastrophic, Jury Duty, FMLA Intermittent, Comp Time Used, Worker's Comp (Industrial)

Change reported absence as follows:

Reported as: _____ Hrs of <input type="checkbox"/> Reg <input type="checkbox"/> Sick <input type="checkbox"/> Per <input type="checkbox"/> Vac <input type="checkbox"/> Bank Vac <input type="checkbox"/> Other _____
Change to: _____ Hrs of <input type="checkbox"/> Reg <input type="checkbox"/> Sick <input type="checkbox"/> Per <input type="checkbox"/> Vac <input type="checkbox"/> Bank Vac <input type="checkbox"/> Other _____
Date Used _____

Reported as: _____ Hrs of <input type="checkbox"/> Reg <input type="checkbox"/> Sick <input type="checkbox"/> Per <input type="checkbox"/> Vac <input type="checkbox"/> Bank Vac <input type="checkbox"/> Other _____
Change to: _____ Hrs of <input type="checkbox"/> Reg <input type="checkbox"/> Sick <input type="checkbox"/> Per <input type="checkbox"/> Vac <input type="checkbox"/> Bank Vac <input type="checkbox"/> Other _____
Date Used _____

Time Not Reported:

Date Used: _____ Hrs _____	<input type="checkbox"/> Sick <input type="checkbox"/> Per <input type="checkbox"/> Vac <input type="checkbox"/> Bank Vac <input type="checkbox"/> Other _____
Date Used: _____ Hrs _____	<input type="checkbox"/> Sick <input type="checkbox"/> Per <input type="checkbox"/> Vac <input type="checkbox"/> Bank Vac <input type="checkbox"/> Other _____
Date Used: _____ Hrs _____	<input type="checkbox"/> Sick <input type="checkbox"/> Per <input type="checkbox"/> Vac <input type="checkbox"/> Bank Vac <input type="checkbox"/> Other _____
Date Used: _____ Hrs _____	<input type="checkbox"/> Sick <input type="checkbox"/> Per <input type="checkbox"/> Vac <input type="checkbox"/> Bank Vac <input type="checkbox"/> Other _____
Date Used: _____ Hrs _____	<input type="checkbox"/> Sick <input type="checkbox"/> Per <input type="checkbox"/> Vac <input type="checkbox"/> Bank Vac <input type="checkbox"/> Other _____

I certify that the above changes correctly reflect the amended absences of the employee for the period indicated. I understand that Regular Hours will automatically be changed accordingly.

Employee Signature: _____

Date: _____

Manager Printed Name: _____

Extension #: _____

Manager Signature: _____

Date: _____

College HR Signature: _____

Date: _____