

Attendance Correction Request

All corrections should be submitted by the employee within 60 days of the absence and must be approved by the employee's supervisor. All items must be complete for correction to be processed.

Information originally submitted:

Employee Name: _____ ID# _____

Date/s: _____

Duration: _____ (1/2 or full day/s)

Reason for Absence: _____

Aesop Confirmation #: _____

Correction being submitted:

Employee Name: _____ ID# _____

Date/s: _____

Duration: _____ (1/2 or full day/s)

Reason for Absence: _____

Reason for Correction: _____

Signature of Employee

Date

*****Campus/Department is responsible for correcting in Aesop once correction is approved by Principal/Supervisor.*****

Corrected in Aesop by: _____ Date: _____

New Confirmation # if different after correction: _____

PRINCIPAL/SUPERVISOR'S SIGNATURE REFLECTS APPROVAL OF CORRECTION

Signature of Principal/Supervisor

Date

PAYROLL USE ONLY

Date Absence Corrected: _____

Docking Taken: Pay Run _____ Amount Docked \$ _____

Docking Refunded: Pay Run _____ Amount Refunded \$ _____