

Absence Correction Request Form

Requested by: Employee ____ Site ____ District Office ____

Dinuba Unified School District

Leave/Absence Correction Request Form

Employee's Name: _____ School Site: _____ Certificated: ____ Classified: ____ Today's Date: _____

Current leave record: Date/s of Absence: _____ **Time Absent:** ____:____ a.m./p.m. to ____:____ a.m./p.m. **Total Hours:** ____ **Leave Type:** _____

Proposed leave record: Date/s of Absence: _____ **Time Absent:** ____:____ a.m./p.m. to ____:____ a.m./p.m. **Total Hours:** ____ **Leave Type:** _____

Reason for correction request: _____

Required Backup documents include: _____

Current leave record: Date/s of Absence: _____ **Time Absent:** ____:____ a.m./p.m. to ____:____ a.m./p.m. **Total Hours:** ____ **Leave Type:** _____

Proposed leave record: Date/s of Absence: _____ **Time Absent:** ____:____ a.m./p.m. to ____:____ a.m./p.m. **Total Hours:** ____ **Leave Type:** _____

Reason for correction request: _____

Required Backup documents include: _____

Employee's Signature: _____ Date: _____ Requester's Signature: _____ Date: _____

Print Employee's Name: _____ Print Requester's Name: _____ Date: _____

Supervisor's Signature: _____ Date: _____ Print Supervisor's Name: _____ Date: _____

This form must be completed, signed and turned in to the district office, with backup documentation, **within 30 days** of the date/s of absence.

Approved: _____ **Denied:** _____ **District Administrator:** _____ **Date:** _____