

Employee Information | please type or print clearly

Name: _____

Address: _____

Phone: _____

Email: _____

- ✓ I understand that all absences must be entered into Absence Management (formerly AESOP).
- ✓ I understand that I will receive an email from Frontline inviting me to create an account username and password.
- ✓ I also understand I will be given an ID and Pin for the Absence Management phone system:

Employees: ID: your 10 digit phone number listed above
 Pin: the last 4 digits of the phone number listed above

Substitutes: ID: your 10 digit phone number listed above
 Pin: the last 5 digits of the phone number listed above

Signature: _____ **Date:** _____

Human Resources Use Only

Employees		Substitutes	
Title:		Job Title:	
Type:	Mgmt Cert Class RAP	Eft Date:	
Location:		Coordinator Use	
Hours:		Entered Date:	
Minimum Day Hours:		Welcome Letter Sent:	
Sub Class:		Time & Attendance Sent:	
Sub Required	Yes No	EID Number:	