



ABSENCE FROM DUTY REPORT/KRONOS PUNCH CHANGE REQUEST

Employee Name: _____	ID# _____
Location: _____	Position: _____

Type of Leave Place an X on one of the following:

____ State Leave ____ Local Leave (Personal) ____ Vacation ____ School Business ____ Other (ex: Non-Duty, Comp Time)

Date (s) of Absence (s): _____ **No. of Days/Hrs Absent:** _____

MISSING PUNCH:

SCHEDULED PUNCH DATE: _____ TIME IN: _____ AM/PM TIME OUT: _____ AM/PM

REASON: _____

I certify that the information contained herein is true and correct to the best of my knowledge. I understand that falsifying this information is considered fraudulent and is grounds for disciplinary action and/or termination of employment.

_____ Employee Signature	_____ Date	_____ Signature of Department/Campus Supervisor	_____ Date
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FOR ABSENCES OF MORE THAN 3 CONSECUTIVE DAYS, CONTACT THE HUMAN RESOURCES DEPARTMENT FOR LEAVE OF ABSENCE.