



WACO INDEPENDENT SCHOOL DISTRICT

Employee Absence Change Form

Employee Name: _____ Employee ID#: _____

Position/Campus: _____ Date of Absence: _____

I request my absence be changed as follows:

- Absence reason changed from _____ to _____.
- Time of absence changed from _____ to _____.
- Date of absence changed from _____ to _____.
- Absence on _____ should be ½ or whole day instead of ½ or whole day.
- Cancel my absence. Explain: _____
_____.
- Other: _____.

Failed to Report Absence:

Reason: _____ Start Time: _____ End Time: _____

Explain why it was not reported: _____

_____.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

***Submit to the Payroll Department if the absence date has already been consumed in payroll based on the cutoff scheduled.**

Submitted to Payroll Department: