



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 _____.
- ☐ Hours absent changed from _____ to _____.
- ☐ Date of absence changed from _____ to _____.
- ☐ Cancel my absence. Explain: _____
_____.
- ☐ Other: _____.

Failed to Report Absence in Employee Service Center:

Employees have 7 days from the date of their absence to enter it into the Employee Service Center.

Absence Reason Code: _____

Hours Absent: _____

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 schedule.**

Submitted to Payroll Department: _____

Received By: _____