

ABSENCE ADJUSTMENT FORM

**Must be used for ALL changes to previously reported
sick/personal/vacation or gvac hours
(we will no longer accept changes via E-Mail)
Please attach all changes to the next Employee Absence Report**

EMPLOYEE NAME:

EMPLOYEE ID#:

CHANGE PREVIOUSLY REPORTED ABSENCE AS FOLLOWS:

DATE USED: _____
PREVIOUSLY REPORTED AS: _____ **HRS. OF** _____
CHANGE TO: _____ **HRS. OF FMLA.** (Designation of time to be
determined by Benefits Dept.)

ADDITIONAL TIME TAKEN, NOT PREVIOUSLY REPORTED:

DATE USED: _____
AMOUNT OF TIME TO REPORT: _____ **HRS.**
CHARGE TIME USED TO:
SICK _ VAC _ PERSONAL _ GVAC _ OTHER _____

**I certify that the above changes correctly reflect the amended absences
of the employee for the period indicated.**

Manager: _____ **Date:** _____
Campus location _____ **Dept. #** _____