

## Absence Adjustment Form

This form should 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 previous reported absence as follows:**

Previously reported as : \_\_\_\_\_ Hrs of \_\_\_\_\_ (sick/vac/pers/gvac)

Change to: \_\_\_\_\_ Hrs of \_\_\_\_\_ (sick/vac/pers/gvac)

Date Used \_\_\_\_\_

### **Additional time, Not previously reported:**

Date Used: \_\_\_\_\_ Hrs \_\_\_\_\_ (sick/vac/pers/gvac)

Date Used: \_\_\_\_\_ Hrs \_\_\_\_\_ (sick/vac/pers/gvac)

Date Used: \_\_\_\_\_ Hrs \_\_\_\_\_ (sick/vac/pers/gvac)

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

**Manager:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Campus Location:** \_\_\_\_\_ **Dept ID#:** \_\_\_\_\_