# Absence Adjustment Form

This form should be used for time not entered in Absence Management or T&L.  Requests can only be adjusted back two pay periods.  If requests are more than the two pay periods, the adjustment form will be returned with no action taken.  We will not accept requests via email, but will accept this form 'attached' to an email.  Contact your campus Payroll Technician for assistance.

**Employee Name:** _____          **Employee ID #:** _____

**Employee Contact #:** _____          **Campus:** _____

**'Other' Absence Event types:** Sick Family, Bereavement, Catastrophic, Jury Duty, FMLA Intermittent, Comp Time Used, Worker's Comp (Industrial)

## Change reported absence as follows:

Reported as: _____ Hrs of ☐ Reg ☐ Sick ☐ Per ☐ Vac ☐ Bank Vac ☐ Other _____

  Change to: _____ Hrs of ☐ Reg ☐ Sick ☐ Per ☐ Vac ☐ Bank Vac ☐ Other _____

  Date Used _____

Reported as: _____ Hrs of ☐ Reg ☐ Sick ☐ Per ☐ Vac ☐ Bank Vac ☐ Other _____

  Change to: _____ Hrs of ☐ Reg ☐ Sick ☐ Per ☐ Vac ☐ Bank Vac ☐ Other _____

  Date Used _____

## Time Not Reported:

Date Used: _____ Hrs _____      ☐ Reg ☐ Sick ☐ Per ☐ Vac ☐ Bank Vac ☐ Other _____

Date Used: _____ Hrs _____      ☐ Reg ☐ Sick ☐ Per ☐ Vac ☐ Bank Vac ☐ Other _____

Date Used: _____ Hrs _____      ☐ Reg ☐ Sick ☐ Per ☐ Vac ☐ Bank Vac ☐ Other _____

Date Used: _____ Hrs _____      ☐ Reg ☐ Sick ☐ Per ☐ Vac ☐ Bank Vac ☐ Other _____

Date Used: _____ Hrs _____      ☐ Reg ☐ Sick ☐ Per ☐ Vac ☐ Bank Vac ☐ Other _____

**I certify that the above changes correctly reflect the amended absences of the employee for the period indicated. I understand that Regular Hours will automatically be changed accordingly.**

**Employee Signature:** _____          **Date:** _____

**Manager Printed Name:** _____          **Extension #:** _____

**Manager Signature:** _____          **Date:** _____

**College HR Signature:** _____          **Date:** _____