



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 1/2 or whole day instead of 1/2 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 _____

Human Resources _____ Date _____

Human Resources Use Only

Absence changed in TEAMS: _____ Submitted to Payroll : _____