



San Juan Unified School District
*Employee Absence **Correction** Form*

Name: _____ **Employee Identification Number:** (_____)

(Go to: <http://district.sanjuan.edu/eid/> to find your employee ID Number)

Position/Classification: _____ Site/Location: _____

Hours must be indicated in quarter increments only:

1-15 minutes = .25 Hrs.

16-30 minutes = .50 Hrs.

31-45 minutes = .75 Hrs.

46-60 minutes = 1 Hr.

Original Absence Form Information

Start Date: _____ End Date: _____ Total hours: _____ Type of absence (2 digit code Absence Code) _____

Correct Absence Form Information

Start Date: _____ End Date: _____ Total hours: _____ Type of absence (2 digit code Absence Code) _____

Employee's Signature: _____

Date: _____

**Supervisor/
Administrator's Signature:** _____

Date: _____

REQUEST IS:

() Approved

() NOT Approved

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Revised October 6, 2010