

Santee School District
Absence Add/Delete/Change Request Form

Office Use Only: AVS _____ Date _____
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Name of Employee: _____ Social Security Number: _____

Work Location(s): _____ Job Title(s): _____

Please ADD / DELETE the following Absence(s) in the Absence Verification System (AVS):

First Date of Absence: _____ Last Date of Absence: _____ Total Days/Hours: _____

Reason for Absence: _____ Job#: _____

Please CHANGE the following Absence information in the Absence Verification System (AVS):

Date(s) of Absence Reason For Absence Other _____

From: _____ To: _____ Job#: _____

Comments: _____

Employee Signature

Date

Supervisor Signature

Date