

All Personnel

E 4121.3
4221.3
4321.3

**SANTEE SCHOOL DISTRICT
ABSENCE ADD/DELETE/CHANGE REQUEST FORM**

Name of Employee: _____ Social Security Number _____
Work Location(s): _____ Job Title(s): _____

Please ADD/DELETE the following Absence(s) in the Aesop absence verification system:

First Date of Absence: _____ Last Date of Absence: _____ Total Days/Hours: _____
Reason for Absence: _____ Job# _____

Please CHANGE the following Absence information in the Aesop absence verification system:

Date(s) of Absence Reason For Absence Other _____

Comments: _____

Employee Signature

Date

Supervisor Signature

Date

Form 65-402

Please submit both copies to payroll