



POST ABSENCE LEAVE CHANGE FORM

TO BE COMPLETED **ONLY** IF THE DATE OF ABSENCE HAS PASSED

ATA CUPE 1825 CUPE 290 OTHER

Employee Name: _____

Please check off one of the following and fill in all information:

Delete my absence for the following date(s) _____

Absence reason entered in system: _____

Reason for deletion: _____

Add my absence for the following date(s) _____

Absence reason from system: _____

Sub Required? Yes No

If yes – name of sub/dates required: _____

How is the sub being paid? _____

Additional information: _____

Change my absence for the following date(s) _____

Absence reason entered in system: _____

Change date(s) to: _____

Change absence reason to: _____

Reason for change: _____

Employee Signature

Date

Principal/Direct Report Signature

Date

Provide your Administrative Assistant with a copy of this form to make the changes in ATRIEVE. The original must be forwarded to Jane Meaker in HR.

SBCEC Administration Signature

HR use only:
LMS
P/R _____