HOLY SPIRIT CATHOLIC SCHOOLS

Please do not delete at the school level. This form must be scanned and emailed to Human Resources for deletion.

PRE ABSENCE LEAVE DELETION FORM

TO BE COMPLETED *ONLY* WHEN AN ABSENCE ENTERED AND APPROVED IN THE LEAVE MANAGEMENT SYSTEM REQUIRES DELETION DUE TO AN ENTRY ERROR.

( ) ATA ( ) CUPE 1825 ( ) CUPE 290 ( ) OTHER

Employee Name: _____

Please fill in all information:

Human Resources:

Delete **my absence for the following date(s)** _____

Absence reason entered in system: _____

Reason for deletion: _____

_____

_____ _____

Employee Signature **Date**

_____ _____

Principal/Direct Report Signature **Date**

Immediately have this form scanned and emailed to Jane Meaker in HR for timely deletion.

_____

SBCEC Administration Signature

HR use only:
LMS( )
P/R _____