



Tehama County Department of Education

Richard DuVarney
Tehama County
Superintendent of
Schools

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ABSENCE CHANGE REQUEST FORM*

Name: _____ **Date:** _____
Position _____ **Program/Location:** _____

Current balance (required): Sick: _____ Vacation: _____ **Supervisor Initial:** _____

Explanation of form use (required): _____

Please check the reason(s) for submitting the form:

- Change absence from: _____ to _____
Date/Time *Date/Time*
- Change absence reason* from: _____ to _____
- Cancel absence: _____ (date/time)
- Add absence: _____ (date/time) Total hours: _____
 - Sick (Illness) Sick (PN*) Sick (PNC) Vacation
 - Jury Duty (attach Jury Summons) Bereavement (submit Bereavement form)

*If absence is PN, please state reason (no reason necessary for PNC):

Employee Signature

Date Submitted

Approved Not Approved

Supervisor

Date

Approved Not Approved

Human Resources

Date

Absence Management OrgUser

Date Entered

*If unable to enter change in AESOP on the day of absence, form must be completed and submitted within 3 working days of the date of the absence