

TEAMS EMPLOYEE ATTENDANCE CORRECTION

Date _____ Campus _____

Employee Information:

Name: _____

Soc. Security Number: _____

Absence As Reported:

Date of Absence: _____

Half Day _____ Full Day _____

Substitute Name: _____

Absence Reason: _____

Absence as Corrected:

Date of Absence _____

Half Day _____ Full Day _____

Substitute Name: _____

Absence Reason: _____

Comments:

Principal's Name in print _____

Principal's Signature _____