



Galt Joint Union Elementary School District

1018 C Street, Suite 210, Galt, CA 95632

209-744 4545 / 209-744-4553 fax / www.galt.k12.ca.us

ABSENCE CORRECTION / REPORTING FORM

Employee Name: _____ Location: _____

Please indicate one of the following:

_____ I am making a change to an absence reported in Frontline.

_____ I am reporting an absence that was not reported in Frontline. If selecting this option, provide a reason for the absence not being reported earlier to Frontline:

Date of Absence: _____

Total Absence Hours: _____

Absence Times:

Start Time of Absence: _____ End Time of Absence: _____

Please indicate your absence reason: _____

Supervisor Signature: _____

Date: _____

1 Personal Illness or Med Appt 2 Personal Necessity 3 Personal Reason 4 Vacation	8 Bereavement 9 School Business 14 Jury Duty (must provide jury service certification to District)
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Employee Signature: _____ Date: _____

****This form must be submitted to Payroll****