



## 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](http://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.

Date of Absence: \_\_\_\_\_

Total Absence Hours: \_\_\_\_\_

Absence Times:

Start Time of Absence: \_\_\_\_\_ End Time of Absence: \_\_\_\_\_

Please indicate your absence reason: \_\_\_\_\_

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\*\***