

**AMENDMENT TO EMPLOYEE ABSENCE REQUEST
ST. JOHNSBURY SCHOOL DISTRICT**

EMPLOYEE NAME: _____

EMPLOYEE JOB TITLE: _____

ORIGINAL DATE OF ABSENCE REQUEST: _____ / _____
(Date / Full day or Half day)

ORIGINAL TYPE OF LEAVE REQUESTED: _____
(Illness, Family Medical, Personal, etc...)

<u>Please explain the reason for this amendment:</u>

Please indicate the changes that should be made to your leave time:

ACTUAL DATE OF ABSENCE REQUEST: _____ / _____
(Date / Full day or Half day)

ACTUAL TYPE OF LEAVE REQUESTED: _____
(Illness, Family Medical, Personal, etc...)

EMPLOYEE'S SIGNATURE / DATE: _____

SUPERVISOR'S SIGNATURE / DATE: _____

<u>FOR OFFICE USE ONLY:</u>	
DATE RECEIVED IN BUSINESS OFFICE:	_____
DATE CHANGES RECORDED:	_____
BUSINESS OFFICE SIGNATURE:	_____

EMPLOYEE: Please complete the form and give it to your supervisor for approval.
SUPERVISOR: Please sign and date this form and give it to Sharon Alger in the Business Office.