Print Form Clear Form

California State University, Los Angeles
Absence Correction Form (Form AM 634)

Name: _____ Collective Bargaining Unit: ___
First MI Last

Empl. ID: _____ Department: _____ Dept ID: _____

MONTH: _____ YEAR:_____

Original Absence Submitted (required when submitting a correction) ☐ **No Time Taken**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

***Corrected* Submittal** ☐ **No Time Taken**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Codes to be used:

(S) Sick Leave — Self
(SF) Sick Leave — Family*
(V) Vacation
(PH) Personal Holiday
(JD) Jury Duty
(L) Informal Leave Granted (docked)
(A) Absence without Official Leave Granted (AWOL – docked)
(BL) Sick Leave — Family Death / Bereavement Leave*
(FL) Funeral Leave*
(T) CTO Taken
(MP) Maternity / Paternity Leave
(ML) Military Leave**
(UL) Union Leave

* Must provide family relationship on Comments line.

** Documentation of leave should be kept on file in employee's department. Copy of Military orders must be submitted to Payroll Services.

Comments: _____

_____

CERTIFICATION BY EMPLOYEE AND DEPARTMENT APPROVER:
To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.

_____ _____ _____ _____
Employee's Signature Date Approver Date

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Instructions for using the Absence Correction Form

When an employee needs to correct an absence that cannot be submitted online through Absence Management, the Absence Correction Form should be completed. The following situations warrant submission of this form:

a. the correction is more than 3 months old (absences that were never submitted and correction of a previously submitted absence)

b. a current month absence was incorrectly submitted and approved by the department but not processed by Payroll Services.

For example: time reported on 1/04/12 was submitted and approved as Vacation, but should have been submitted as Sick – Self. Since the time had already been approved, it needs to be corrected on-line by Payroll Services.

For Example

MONTH: 01 YEAR: 2012

Original Absence Submitted (required when submitting a correction) ❑ **No Time Taken**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			8V											

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

***Corrected* Submittal** ❑ **No Time Taken**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			8S											

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

If submitting a correction to time previously entered into Absence Management, the employee and the employee's manager or department chair sign the form (same signatures as used on Attendance Form 634) and send a copy to Payroll Services. The original should be retained in the department for seven years as a source document for audit purposes.