



# SOUTH AMBOY PUBLIC SCHOOLS

## AESOP ATTENDANCE CHANGE/EDIT/DELETE FORM

Name: \_\_\_\_\_ School: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date: \_\_\_\_\_



**ADD** Absence Type: \_\_\_\_\_ Date of Absence: \_\_\_\_\_

Explanation: \_\_\_\_\_



**DELETE** Absence Type: \_\_\_\_\_ Date of Absence: \_\_\_\_\_

Explanation: \_\_\_\_\_



**CHANGE** Absence Type: \_\_\_\_\_ Date of Absence: \_\_\_\_\_

“Without Pay day” status changes require Superintendent approval

Explanation: \_\_\_\_\_



Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor/Principal: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

Superintendent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

*Form must be submitted to Personnel after the Principal’s signature has been obtained.*