

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

Name: _____
First MI Last

Collective Bargaining Unit: _____

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

* 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

