

**Keystone School District**  
**Approved Absence Deletion/Change Form**

Employee Name \_\_\_\_\_

Date(s) of Approved Absence \_\_\_\_\_

Type of Absence \_\_\_\_\_  
(ie Sick, Personal, etc)

Delete Absence

Change date of Approved Absence from \_\_\_\_\_ to \_\_\_\_\_

Change Length of Day of Approved Absence from \_\_\_\_\_ to \_\_\_\_\_

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

After Employee and Supervisor sign, please forward to Leigh Kerle in the District Office.

Kathi/Forms/2022