



**Note:** Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable as PDFs.

Dept. Reference Number (optional)  
 Pay Period End Date of Adjustment  
 Name  
 Employee Number  
 Dept. Name  
 Division  
 Unit                      Distribution Code                      Company

Send approved form to payroll@utah.gov  
 For questions, call: (801) 957-7770

## PAYROLL SYSTEM - LEAVE ADJUSTMENT FORM

### Leave Used Adjustments

Date of Error (MM/DD/YYYY)	Pay Period End Date	# of Hours to be Adjusted	Adjustment Codes & Descriptions

### Leave Earned Adjustments

Date of Error (MM/DD/YYYY)	Pay Period End Date	# of Hours to be Adjusted	Adjustment Codes & Descriptions

### Reason for Adjustments

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

Dept. Approval Name \_\_\_\_\_ Title \_\_\_\_\_

Department Approval \_\_\_\_\_ Date \_\_\_\_\_

---

Adjustment Made by Name \_\_\_\_\_ Title \_\_\_\_\_

Adjustment Completed \_\_\_\_\_ In Pay Period Ending \_\_\_\_\_