



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 PDFs.

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

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 _____

Department Approval _____ Date _____

Adjustment Made By _____ In Pay Period Ending _____