



*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 \_\_\_\_\_  
 Dept. Approval Name \_\_\_\_\_  
 Department Approval \_\_\_\_\_

Date  
 Title  
 Date

Adjustment Made by Name \_\_\_\_\_  
 Adjustment Completed \_\_\_\_\_

Title  
 In Pay Period Ending