FI 24
07/2022
Division of Finance

Mail completed form to:
Division of Finance-Payroll
PO Box 141031
Salt Lake City, UT 84114-1031
Email: payroll@utah.gov

If questions, call **(801) 957-7770**

***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.*

WORKERS COMPENSATION ADJUSTMENT FORM

Name

Employee Number

Dept. Name

Division

Unit

Distribution Code

Hourly Rate

Beginning Date of Sick Leave MM/DD/YYYY

Ending Date of Sick Leave MM/DD/YYYY

Number of Hours to be Reinstated:

Annual Leave

Sick Leave

Converted Sick

Comp Time

Excess

Total

Amount to be Repaid

Contact Person

Contact Person's Phone

Dept. Approval Name

Title

Department Approval ____

Date

Reminders

Did you attach the check?

Did you adjust the leave balance?