



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 \_\_\_\_\_