



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 _____