

LEAVE BALANCE CORRECTION SHEET
Classified and Unclassified Employees

Dept ID	Dept Name	Employee ID	Employee Name	Rec #

Briefly describe the reason the correction is being made: (Example - Employee submitted a late time sheet.)

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LEAVE ACCRUALS

SICK	Pay Period End Date:	Increase or Decrease:	Correct Balance:
VACATION	Pay Period End Date:	Increase or Decrease:	Correct Balance:
DISCRETIONARY DAY	Pay Period End Date:	Increase or Decrease:	Correct Balance:
COMPENSATORY TIME	Pay Period End Date:	Increase or Decrease:	Correct Balance:
HOLIDAY COMP. TIME	Pay Period End Date:	Increase or Decrease:	Correct Balance:
MILITARY LEAVE	Pay Period End Date:	Increase or Decrease:	Correct Balance:
SHARED LEAVE	Pay Period End Date:	Increase or Decrease:	Correct Balance:

Example:

Vacation	Pay Period End Date: 6/27/98	Increase or Decrease: Increase 8 hours	Correct Balance: 110.5
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If the leave correction is due to incorrect time and leave reporting, please indicate the correction on the calendar below.

Pay Period Ending

	SUN	MON	TUES	WED	THURS	FRI	SAT
WEEK 1							
WEEK 2							

If the employee has been paid incorrectly, please submit a Supplemental Pay Form (PER-8), not this form.

Department Head Signature _____ Date _____