

LEAVE ADJUSTMENT FORM

Date: _____

Employee Name: _____

Dear Payroll Office:

Please adjust my accrued leave as follows:

- **Vacation**

<u>Date</u>	<u>Hours</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- **Sick**

<u>Date</u>	<u>Hours</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee Approval

Supervisor Approval