

VACATION AND SICK LEAVE ADJUSTMENTS

EMPLOYEE NAME: _____

DEPARTMENT NUMBER: _____ EMPLOYEE NUMBER: _____

SICK LEAVE

CURRENT BALANCE BEFORE ADJUSTMENT _____

AMOUNT OF ADJUSTMENT _____

BALANCE AFTER ADJUSTMENT _____

REASON FOR ADJUSTMENT _____

VACATION

CURRENT BALANCE BEFORE ADJUSTMENT _____

AMOUNT OF ADJUSTMENT _____

BALANCE AFTER ADJUSTMENT _____

REASON FOR ADJUSTMENT _____

COMP TIME

CURRENT BALANCE BEFORE ADJUSTMENT _____

AMOUNT OF ADJUSTMENT _____

REASON FOR ADJUSTMENT _____

APPROVAL SIGNATURE _____