



LEAVE ADJUSTMENT REQUEST FORM

Employee Name: _____
 Department: _____
 A #: _____

DATE(S):	TIME (ie 8:00 - 12:00)	LEAVE CODE:	REASON/JUSTIFICATION
		Sick Leave	
		Jury Duty Leave	
		Military Leave	
		Prof/Dev/Conf/Other/Trav	
		Funeral Imm Fam	
		Vacation Leave	
		Educational Activities	
		Leave Without Pay	
		Exempt Paid Leave (Exempt Employees ONLY)	
		Personal Bus (FAC ONLY)	
		Sick Outside Imm Fam	
		Religious Observance	
		Funeral Outside Imm Fam	
		ON-CALL	

Supervisor: Reason for NOT meeting TCP deadline: _____

Print Supervisor's Name: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

FOR HR USE ONLY:

PYV:		Used:	Total:		VAC:	Used:
SIC:		Used:	Total:			Total:

Entered TCP: _____ Entered PEALEAV: _____ Doc MR: _____