

BI-WEEKLY LEAVE CORRECTION REPORT

To be completed by Clerical, Technical, Service, and Skilled Crafts employees



Employee: _____ Social Security #: _____

Dept. Name: _____ Pay Period End Date: _____

Please enter the + hours or - hours (or both) you wish to correct in the proper form area.	Earnings Type	Total Hours	Week #1							Week #2						
			SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
Adjusted Verified Sick Leave	ADX															
Adjusted Unverified Sick Leave	ADU															
Sick Leave – 60%	S60															
Vacation	VAC															
Jury Duty	JUR															
Military Leave	MIL															
Workers' Comp	WKC															
Funeral	FNL															
Paid Leave	ABS															
Other																
Teamsters' Verified Sick Leave	TVL															
Teamsters' Unverified Sick Leave	TUL															
Teamsters' Vacation to Sick Leave	TVS															

** ABS = Paid Leave (professional development, etc.) **

** MIL = Military Leave (orders must be attached) **

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____