



## LEAVE BALANCE ADJUSTMENT REQUEST

**Employee Name:**  
(Please Print Full name)

**Employee Number:**

**Department Name:**

Incorrect Pay Code Used (Change From)	Correct Pay Code Should Have Been Used (Change To)	Number of Hours to adjust (ex. 8.00)	Date or Period to Adjust <i>(Please indicate date or period of time of requested change. "See attached" is not acceptable and Form will be returned to Department as incomplete)</i>

**Please give explanation of the requested change above:**

**NOTE:** Please provide back-up documentation of requested change above such as copy of timecard, email, Kronos print screen, or FMLA memo.

Special Pay or Special Deduction Form may be needed if adjustment results in an over or under payment of actual amount paid in check. Please attach along with request.

**Payroll/HR Assistant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department/Division Head:** \_\_\_\_\_ **Date** \_\_\_\_\_

***PAYROLL USE ONLY:***

**Hourly Rate:** \_\_\_\_\_ **Overtime Rate:** \_\_\_\_\_ **Shift Diff:** \_\_\_\_\_ **Shift Diff OT:** \_\_\_\_\_

Kronos Entry Adjustments	
Accruals:	
Pay Code	Hours

- Special Pay/Deduction Form Rec'd by Dept
- Payroll Staff completing Special Pay/Deduction Rec'd copy of Leave Adjustment and SP/SD Forms

Cyborg Entry Adjustments		
No Cyborg Adjustment Needed: <input type="checkbox"/>		
HED	Amount	Hours

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Checked By:** \_\_\_\_\_