

BI-WEEKLY LEAVE CORRECTION REPORT



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

Employee: _____ ID Number #: _____

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
Family Verified Sick	FVS															
Adjusted Verified Sick Leave	RTV															
Adjusted Unverified Sick Leave	RTU															
Paid Time Off	PTO															
Jury Duty	JUR															
Military Leave	MIL															
Workers' Comp	WKC															
Funeral	FNL															
Paid Leave	PDL															
Other																

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

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

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____