

# EMPLOYEE ADJUSTMENTS ON PAYROLL

EMPLOYEE NUMBER :

DATE:

EMPLOYEE NAME :

DEPT:

**CHANGES TO BE MADE:**

DATE:	+/-	VACATION	+/-	COMP TIME	+/-	SICK LEAVE
<b>TOTAL</b>						

**REASON FOR CHANGE:**

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SIGNATURE OF DEPARTMENT HEAD

ADJUSTMENTS WILL NOT BE MADE AFTER THEY ARE 2 MONTHS OLD.  
THIS WILL BE INCLUDED IN THE PERSONNEL FILE OF THE EMPLOYEE.