TIME & ATTENDANCE
LEAVE CORRECTION FORM

Employee's Name: _____

Cost Center: _____ Cost Center #: _____

Time & Attendance Audit Period: _____

Please complete the requested information and describe the reason for the correction:

Date of Correction: _____ Type of Leave: ☐ Sick ☐ Annual ☐ Other: _____

☐ Change _____ Hours ☐ Add _____ Hours ☐ Delete _____ Hours

Reason for Change: _____

Please complete the requested information and describe the reason for the correction:

Date of Correction: _____ Type of Leave: ☐ Sick ☐ Annual ☐ Other: _____

☐ Change _____ Hours ☐ Add _____ Hours ☐ Delete _____ Hours

Reason for Change: _____

Please complete the requested information and describe the reason for the correction:

Date of Correction: _____ Type of Leave: ☐ Sick ☐ Annual ☐ Other: _____

☐ Change _____ Hours ☐ Add _____ Hours ☐ Delete _____ Hours

Reason for Change: _____

_____ _____

Bookkeeper Signature Date

_____ _____

Principal or District Administrator Signature Date

Email the completed form to your Analyst and keep a copy for your records.

Leon County Schools ● Time & Attendance ● 2757 W Pensacola Street ● Tallahassee FL 32304 ● Fax #: (850) 414-5131