LEAVE ACCOUNTING
LEAVE CORRECTION FORM

Employee's Name: _____

Cost Center: _____ Cost Center #: _____

Correction Month: _____

Please check the appropriate box listed below and describe the reason for the correction:

- ☐ Signature _____
- ☐ Change Hours _____
- ☐ Delete Hours/Dates _____
- ☐ Documentation Needed _____
- ☐ Change Dates/Times _____
- ☐ Add Hours/Dates _____
- ☐ Change Time Off Code(s) _____
- ☐ Change Reason Code(s) _____
- ☐ Needed to Revise Leave Hours Due to Hours Worked (on Timesheet)

_____

- ☐ Other (Specify):

_____

_____ _____
Completed By Date

_____ _____
Authorized By Date