

Human Resources

Accrual Adjustment Request

Name: _____ Employee ID #: _____ Department: _____
Adjustment for: Pay Period Begin Date: _____ Pay Period End Date: _____
Today's Date: _____

Instructions:

1. **The employee, supervisor, and timekeeper must sign this form.**
2. All adjustments to **increase** balances will be entered by Human Resources.
3. An adjustment to **decrease** a balance (up to 80 hours per pay period) can be entered by the departmental leave-reporter.
4. Timekeepers should retain a copy of this form for recordkeeping and audit purposes.
5. It is the initiator's and employee's responsibility to verify that the newly adjusted balance is correct on the next report/paycheck and to report any errors.

****Please indicate the adjustment as a plus (+) or minus (-) to the current balance; attach a printout of the PeopleSoft timesheet for all adjustments. ****

Vacation

Current balance: _____ Adjustment: _____ Correct balance: _____

Sick Leave

Current balance: _____ Adjustment: _____ Correct balance: _____

Compensatory Time

Current balance: _____ Adjustment: _____ Correct balance: _____

Furlough

Current balance: _____ Adjustment: _____ Correct balance: _____

Please state the reason for the adjustment:

Approval/Concurrence:

Employee Signature: _____ Date: _____ Print Name: _____

Supervisor Signature: _____ Date: _____ Print Name: _____

Department Head/Dean: _____ Date: _____ Print Name: _____

(Optional based on department/area requirements)

Timekeeper Signature: _____ Date: _____ Print Name: _____

Comments:

For Human Resources Use Only:

Date Adjustment was entered: _____ Entered by: _____