

# LEAVE ADJUSTMENT FORM THE UNIVERSITY OF TENNESSEE

Paycycle: Monthly   
Biweekly

Date Prepared: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Name: \_\_\_\_\_

SSN : \_\_\_\_\_

Responsible Acct. #: \_\_\_\_\_

January 1 Balance

Year-to-Date Accruals

Year-to-Date Taken

TREASURER'S OFFICE USE ONLY			
Annual Leave	+/-	Sick Leave	+/-
_____.		_____.	
_____.		_____.	
_____.		_____.	

(Tenths of hours only)

PLEASE ATTACH DOCUMENTATION

Adjustment Necessary: \_\_\_\_\_

(Please be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Adjustment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Director

\_\_\_\_\_  
Date

Treasurer's Office