

Time Adjustment Request

- Personal Time Off/Vacation
- Personal Illness/Doctor's Appointment
- Illness/Doctor's Appointment for Immediate Family Member
- Family Emergency (other than illness)
- Work Outside Normal Schedule/Comp Time Earned
- Comp Time Taken
- Other (explain) _____

Beginning Date _____

Ending Date _____

Total Hours Taken/Earned _____

LEAVE BALANCES BEFORE & AFTER ADJUSTMENT

	BEGINNING BALANCE	ENDING BALANCE
Personal Leave	_____	_____
Sick Time	_____	_____
Comp Time	_____	_____

Note: You must submit an HR Services online form and a health care provider statement to Human Resources for an absence of more than three days for personal or immediate family member illness.

Employee Signature

Date

Supervisor Signature

Date

Supervisors are not authorized to grant time off if leave balances are not sufficient to cover the request.