

LEAVE ADJUSTMENT

(EXEMPT EMPLOYEES AND FACULTY)

| Name (Last, First) | ŗ | Γ# | |
|---|---------|---------|-------------------|
| Timesheet ORG # |] | Date | |
| Check here if original leave was NOT submitted in Workday and only show data under the "Original Entry" column. | | | |
| Type of Change | Origina | l Entry | Change To |
| Vacation Hours Taken | | | |
| Sick Hours Taken | | | |
| Authorized Leave | | | |
| Leave Without Pay Hours | | | |
| Reason for Adjustments: | | | |
| Employee Signature | Date | Emplo | yee Email Address |
| Supervisor Signature | Date | p | hone Number |

Completed forms should be returned to the Payroll Office **five (5) days prior to the relevant payroll date**. If you have any questions, please contact Payroll at 501.916.3318 or payroll@ualr.edu.