

LEAVE ADJUSTMENT REQUEST

Please indicate appropriate changes below. Submit completed form to Human Resources

01-SEP-2009

Employee (type or print)					
Employee's Signature _						
Original Lea	ave Reques	t	Change Required			
			Cancel	Edit Request		
Specify: Personal Leave or Vacation	Date(s)	Hour(s)	Request	Specify: Personal Leave or Vacation	Date(s)	Hour(s)
Supervisor's Approval _				Date		