

MEDICAL UNIVERSITY OF SOUTH CAROLINA

REQUEST FOR CORRECTION OF LEAVE RECORD

TO: The Department of Human Resources Management,

FROM: _____ PHONE: _____
(Name of authorized person submitting request.)

DEPARTMENT: _____ / _____
Name / UDAK Number

EMPLOYEE'S NAME: _____ EMPLOYEE ID: _____

It is requested that the sick and/or annual leave record of the above employee be corrected as indicated below:

SICK LEAVE	COMP TIME	ANNUAL LEAVE
Add: _____ Hours	Add: _____ Hours	Add: _____ Hours
Deduct: _____ Hours	Deduct: _____ Hours	Deduct: _____ Hours
Date Taken: _____	Date Taken: _____	Date Taken: _____

JUSTIFICATION (Explain in detail why adjustments are necessary.)

ATTACH DOCUMENTATION (i.e.: Time Cards/Time Summary/Punch Detail Report/ PEAR Form/ Separation Notice, as appropriate).

Signature: _____ Date: _____
(Dept. Business Manager/Administrative Official)

*This form should be completed and signed by an authorized official of the employee's home department.
Forward to the Department of Human Resources Management,*

HUMAN RESOURCES MANAGEMENT OFFICIAL USE ONLY

Sick Leave Accrued: _____
Sick Leave Taken: _____

Annual Leave Accrued: _____
Annual Leave Taken: _____

Completed By: _____

Date: _____