



MUHA PAYROLL DEPARTMENT
Harborview Office Tower
19 Hagood Ave., Rm 502
MSC 807
Phone # 792-5245 Fax # 792-8591

LEAVE CORRECTION REQUEST

Employee Name: _____

ID # 9000 _____

Department Name: _____

Cost Center: _____

It is requested that the record of the employee above be corrected as indicated below:

ADD

SUBTRACT

PTO: _____

PTO: _____

ESL: _____

ESL: _____

SML: _____

SML: _____

TOK: _____

TOK: _____

JUSTIFICATION (Explain in detail why adjustments are necessary).

ATTACH DOCUMENTATION (Time entry forms, PTO requests, Punch Detail Report, etc...)

Three horizontal lines for documentation attachment.

SIGNATURE OF TIMEKEEPER _____ PHONE # _____

SIGNATURE OF MANAGER _____ PHONE # _____

This form should be completed and signed by an authorized official of the employee's home department. Retain a copy for the employee unit file and send the original to the Payroll Office, Harborview Office Tower, Room 502.