

Payroll Use Only Employee ID:

Pay Group:

Rec #:

Kennesaw State University Monthly Leave Adjustment Form

Month:

Year:

Name:

Department:

Record the number of hours to be adjusted for each day of the month. Use the rows as indicated for types of leave. The total number of hours will be calculated automatically. Note: This form is to be used for all leave and absences not previously entered in the eTIME system. Regularly scheduled hours and compensatory time should not be reported on this form.

Scan and email the completed form (including signatures) to payroll@kennesaw.edu or fax to (470) 578-9176.

-----Day of the Month-----

Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Sick																
Vacation																
Jury Duty																
Uncompensated																
Other (Comment)																

	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Sick																
Vacation																
Jury Duty																
Uncompensated																
Other (Comment)																

Comments

Signatures:

Employee:

Date:

Supervisor:

Date: