

Leave Report Adjustment Instructions

This form is to be used for Exempt Leave Reporting Adjustments only. Non-Exempt leave corrections should be submitted on a corrected timesheet.

Field	Field of Definition
Employee ID	This is the 800XXXXX assigned to the employee in Banner.
Employee Name	Name of Employee this change pertains to.
Position #	This is the job position number
Suffix	This is the job suffix number
ECLS (Employee Class)	This is the class associated with the job this change pertains to
Employee Title	Employee's Title for position being corrected
Requestor Information	Date of Request, Requestor's name, phone number, Department., e-mail address and Campus Box
Year	Year for which you need to adjust
LR#/Month	Leave Report number or month (LR #1=January, LR# 2Feb, etc.)
Leave Code	Annual or Sick Leave
Reported	Hours reported in the period you wish to correct.
Correct	Hours that should have been reported (actual leave taken)
Adjustment	Difference between what was reported and what should have been reported
Reason	Provide a detailed explanation of the requested adjustment. Corrections made upon termination or during Leave Without Pay status should include the date and hours detail for all leave taken.

