Leave Report Adjustment Form Instruction Sheet

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			
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.			



New Mexico State University Human Resource Services Leave Report Adjustment (Exempt Employees Only)

Section 1:	1: (Must be completed)				EMPLOYEE INFORMATION		
Employee ID:			Name:			Position#:	
Section 2:	(Must be con)N			
Date (mm/dd/yy	Date (mm/dd/yyyy): Requestor Name:					Phone:	
Department						Campus Box:	
Year	LR#/Month To Correct	Leave Code ANNL/SICK	Hours Reported (1)	Correct Hours (2)	Adjustment (2) - (1)	Reason Provide a detailed explanation of the requested adjustment	
Section 3: (Must be completed) Approval							
Employee: Print Name:						Date:	
Supervisor: Print Name:						Date:	
						Internal Use only	

Payroll Processor:

Date:____