



Pay, Leave, or Other Hours Adjustment Request

Salary Advance Adjustment Information

Issuing Finance No.	Year	PP	Week	Cause Code **	Amount of Advance \$	Cash, Check No. or Money Order No.
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** 1 - Salary Check Not Received.
2 - Salary Check Substantially Less than Net Amount Due.

I hereby certify that I have received a salary advance of the above amount. I authorize the USPS to recover this amount in the calculation of the salary check that reflects the appropriate adjustment, or subsequent salary checks, as required, to satisfy this debt.

Employee Signature and Date:

To: ●	Processed by	
	Year	PP
	ADJ Code	Reason Code

Employee's Name	D/A	RSC	Level	Finance No.	Social Security No.				Yr.	PP	Wk.				
Card Type <u>1230 Only</u> Work or Leave Hours 0 <u>1230-C Only</u> New Employee or Replacement Card 1 Higher Level 2 Card Type Must Be Entered at Right and Must Match the Original Record Paid.	57	Holiday Work -	58	Holiday Leave +	59	Part Day LWOP +	60	Full Day LWOP +	61	Court Leave +	62	Guar. Time +	Card Type	52	Work Hours +
	43	Penalty Overtime -	65	Meeting Time	66	Convention Leave +	67	Military Leave +	68	Guar. O.T. -	53	Overtime -	CARD TYPE ↑	54	Night Work
	69	Blood Donor Leave +	70	Stewards Duty Time	71	Cont. of Pay	49	LWOP on OWCP +	73	Out of Schedule	72	Sunday Prem. Hrs.		55	Annual Leave +
	74	Christmas Work	76	Non. Sched. X FT Hr. +	56	Sick Leave +									
	98	HL Cont. Code	90	RSC	91	LEVEL	93	H/L LD	95	Dual D/A					

Remarks

Return to: (Issuing office complete this information)	Employee's Signature and Date
	Adjustment Clerk's Signature and Date
	Approving Officer's Signature and Date