



**Department of Human Resources – Agency Resource Center
PAYROLL ATTENDANCE & LEAVE ADJUSTMENT**

EMPLOYEE NAME: _____ PAY PERIOD: _____ THROUGH _____

(LAST)				(FIRST)				(MI)		SOCIAL SECURITY NUMBER				SSN STATUS		DEPT/DIV				PAY PERIOD	

ANNUAL LEAVE BAL: _____ ANNUAL LEAVE USED YTD: _____
 SICK LEAVE BAL: _____ SICK LEAVE USED YTD: _____
 CALENDAR YR. SICK LEAVE USED: _____ CALENDAR YR. HRS. W/O: _____
 COMPENSATORY TIME BAL: _____ COMPENSATORY TIME USED YTD: _____
 PREMIUM COMP BAL: _____ MISC. TIME USED YTD: _____

	ANNUAL					SICK					COMP					
	PREV BAL	ACC	USE	BAL	NEW BAL	PREV BAL	ACC	USE	BAL	NEW BAL	PREV BAL	REG ACC	PREM ACC	USE	BAL	NEW BAL
JAN 01 - 15 16 - 31																
FEB 01 - 14 15 - 28																
MAR 01 - 15 16 - 31																
APR 01 - 15 16 - 30																
MAY 01 - 15 16 - 31																
JUN 01 - 15 16 - 30																
JUL 01 - 15 16 - 31																
AUG 01 - 15 16 - 31																
SEP 01 - 15 16 - 30																
OCT 01 - 15 16 - 31																
NOV 01 - 15 16 - 30																
DEC 01 - 15 16 - 31																

EXPLANATIONS: _____

 HUMAN RESOURCES OFFICER

 COMMISSIONER OF HUMAN RESOURCES

PREPARED BY: _____