EMORY UNIVERSITY
VACATION AND SICK LEAVE BALANCE CHANGE FORM

Complete and submit this form to Payroll.
Supervisor's name and authorized signature must be provided.

Employee's Name _____

Employee's Social Security Number _____ Employee's ID Number _____

Employee's Supervisor _____

AUTHORIZED SIGNATURE ***DATE***

Vacation Leave

+/-				.						
☐	☐	☐	☐	.	☐	☐	☐	☐	☐	☐

Sick Leave

+/-				.						
☐	☐	☐	☐	.	☐	☐	☐	☐	☐	☐

EXAMPLE

TO ADD 15 HOURS TO THE LEAVE BALANCE, YOU WOULD INDICATE:

+				.						
☐	0	1	5	.	0	0	0	0	0	0

Not sure how to calculate the correct leave balance? Here's an easy way to figure it out:

On (Date): _____

Your records show: _____

Paystub shows: _____

Difference is: _____

EXAMPLES:

Your records show: 30 hours
Paystub shows: 15 hours
Difference is: 15 hours
You would request **+15** hours.

Your records show: 15 hours
Paystub shows: 30 hours
Difference is: -15 hours
You would request **-15** hours.