Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

PAYROLL ADJUSTMENT - SHORT TERM DISABILITY

(Time Sheet Amendment REQUIRED)

Term Eff. Date _____

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name				Pay Period(s)
Company	**Pay Group**	**Union Code**	**Dept ID**	**Base Rate of Pay**	**Date of Recovery Letter**	**Recovery Eff. Pay Period** + 15 days =

*** Attach Leave Accrual and Adjustment Worksheet if reducing paid hours(reducing accruals) or if going back 3 or more confirmed pay periods adjusting leave time**

Leave Type	SCK	VAC	HOL	COMP	ADM	ANN/ATY		Pay Period
Prior Balance								
Current Balance								

	From Query / Paycheck Data		Paycheck Data Should Be		Pay Period Dates		Requested Change(s)	
WK	Earn Codes	Units/Dollars	Earn Codes	Units/Dollars	Begin	End	Earn Codes	Units/Dollars

Reason for Request:

Payroll Specialist Name (Print & Sign)	Date	Telephone Number	Mail Code

Appointing Authority or Designee (Print & Sign)

Office Use ONLY

EBSD Approval	Recovery Letter	Run Query	Review Amendment	Review Leave	Review Signature
	Verified By	2nd Review	Keyed By	Date/pay Period	PR Friday Review By

Distribution: Original - EBSD Leaves Team (0440)
Copy - Department

Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

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