

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

## **PAYROLL ADJUSTMENT - SHORT TERM DISABILITY**

(Time Sheet Amendment REQUIRED)

Τe	erm Eff. Date	e													
	st print in Black o	Rcd No.				L	.ast Nar	ne,	First Na	ame			F	Pay Pe	eriod(s)
Company		Pay Group	Union Code		Dept ID Bas		Base R	ase Rate of Pay		Date of Recovery Lett		covery Letter	Recov + 15 day	very Eff. Pay Period ays =	
		* Attach Lea	ive A	ccrual and								urs(reducing a	accruals)	or if g	oing back 3 or
Leave Type Prior Balance Current Balance		SCK		VAC		HOL	-	CC	OMP	ADM		ANN/AT	<b>Y</b>		Pay Period
		ry / Paychec Data	k	Paycheck Dat			ta Should Be			Pay Period Da		ates	Requested Change(s)		
W K	Earn Codes	Units/Dolla	ırs	Earn Co	odes	Units	s/Dollars		Be	gin		End	Earn C	odes	Units/Dollars
Re	eason for Re	quest:													
	Pay	roll Speci	alist	Name (I	Print	& Si	gn)			Date		Telephone l	Number	N	lail Code
	Appoint	ing Author	ity o	r Desigi	nee (I	Print	t & Sigı	n)			,			•	
							Offic	e U	se ONL	Υ					
	EBSD Appro	oval Re	cover	y Letter		Run Query			Review Amendment		ment	Review L	eave	eave Review S	
			Verifie	ed By		2nd l	Review		K	eyed By		Date/Pay	Period	PR Fr	iday Review By
<u> </u>					(0.4.0)							1		<u> </u>	

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Copy - Department



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(Time Sheet Amendment REQUIRED)

Pay Period(s)

Last Name, First Name

Must print i	n Rlack or Rlui	a ink ONI V	

Employee ID Rcd No.

	From Query / Paycheck Data			Paycheck Data Should Be			Pay Period Dates			Requested Change(s)		
W K	1			Earn Codes Units/Dolla			Begin	End		Earn Codes	Units/Dollars	
			-									

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						

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