



UCLA MEDICAL CENTER
PAYROLL
LEAVE BALANCE ADJUSTMENT

EMPLOYEE NAME (LAST, FIRST, M. I.) _____ EMPLOYEE NUMBER _____ HOME COST CENTER _____ PAY PERIOD ENDING DATE _____

CIRCLE ONE + (INCREASE) OR - (DECREASE)	PLEASE TYPE OR PRINT				
	NUMBER OF HOURS	LEAVE TYPE*	LEAVE DATES		REASON FOR ADJUSTMENT
FROM			TO		
+					
-					
+					
-					
+					
-					

***LEAVE TYPE**
 VLU = Vacation
 SLU = Sick
 HOL = Holiday
 CTO = Comp Time
 CLS = Class Time

EMPLOYEE'S SIGNATURE _____ / / DATE _____ SUPERVISOR'S SIGNATURE _____ / / DATE _____

DAYTIME PHONE _____ DAYTIME PHONE _____

PAYROLL USE ONLY

PROCESSED BY / DATE _____

3327 FIN (8/86) 71431-011

TO EMPLOYEE AND SUPERVISOR:
 Please read the instructions on the back of this form before completing and signing this form.
PAYROLL