



Lake Superior State University
 Vacation and Sick Leave Accrual Change Sheet

Date _____

Employee Name _____

Social Security Number _____

ADD TO VACATION AND/OR SICK LEAVE

Vacation (in hours) _____

Sick Leave (in hours) _____

SUBTRACT FROM VACATION AND/OR SICK LEAVE

Vacation (in hours) _____

Sick Leave (in hours) _____

Remarks _____

 Department Head Signature

 Date

To be completed by the Payroll Office.

VACATION

Current Balance _____
 hours

Adjustment _____
 hours

Revised Balance _____
 hours

SICK LEAVE

Current Balance _____
 hours

Adjustment _____
 hours

Revised Balance _____
 hours

 Payroll Signature

 Date