Vacation and Sick Leave Accrual Change Sheet

Date ________________________________

Employee Name ________________________________

Banner ID ________________________________

**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 __________

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*To be completed by the Payroll Office.*

**VACATION**

Current Balance ______ hours

Adjustment ______ hours

Revised Balance ______ hours

Payroll Signature __________________________ Date __________

**SICK LEAVE**

Current Balance ______ hours

Adjustment ______ hours

Revised Balance ______ hours