



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

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