

LEAVE ADJUSTMENT / TERMINATION REQUEST FORM

Please complete this form below to submit your request.

For TERMINATIONS the employee who is being terminated OR the department HR Liaison may sign below. employee AND the department will sign below.

FOR DEPT USE

Requestor: _____ Date of Request: _____

Employee's Full Legal Name: _____

EID: _____ Dept #: _____ Position #: _____ Rec #: _____

Type of Request: _____

TERMINATIONS

Last Paid Day of Work: _____

Are MyLeave balances accurate? _____

**If MyLeave balances are inaccurate OR if
employee does not use MyLeave:**

Leave Balances as of the 1st of the employee's
last month:

Sick: _____ hrs

Vacation: _____ hrs

LEAVE ADJUSTMENT

I am requesting the following adjustments:

Sick: _____ hrs

Vacation: _____ hrs

Employee Signature: _____

Date: _____

HR Liaison Signature: _____

Date: _____