

Accrual adjustment form

Must be submitted to the Comptroller's Office: Payroll Division

Attn: Laura Drewno

Date: _____

Department: _____

Please adjust the time accrual records for the employee listed below:

Name: _____

Employee Number: _____

Last four Digits of SSN#: _____

	Sick hours	Vacation hours	Floating hours	Personal hours	Comp time hours	Holiday hours
PLUS (add to the current bank)						
MINUS (take away from the current bank)						

The time adjustment is required because:

Department Head/ Timekeepers' Signature
