



Leave Report Correction Form

For Period of (Month, Year): _____

Name: _____

M# _____

Date: _____

	No Time Taken	Sick	Vacation	Jury Duty	Military Leave	Excused w/ Pay	Bereave-ment
Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↓	↓	↓	↓	↓	↓	↓
Corrected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date: _____

	No Time Taken	Sick	Vacation	Jury Duty	Military Leave	Excused w/ Pay	Bereave-ment
Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↓	↓	↓	↓	↓	↓	↓
Corrected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date: _____

	No Time Taken	Sick	Vacation	Jury Duty	Military Leave	Excused w/ Pay	Bereave-ment
Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↓	↓	↓	↓	↓	↓	↓
Corrected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date: _____

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Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↓	↓	↓	↓	↓	↓	↓
Corrected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	↓	↓	↓	↓	↓	↓	↓
Corrected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments _____

Employee Signature _____ Date _____

Approver's Signature _____ Date _____

Employee Name (printed) _____

Approver's Name (printed) _____

Payroll Use Only	
Entered	_____
Verified	_____



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Name _____

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	↓	↓	↓	↓	↓	↓	↓
Corrected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date: _____

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Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↓	↓	↓	↓	↓	↓	↓
Corrected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date: _____

	No Time Taken	Sick	Vacation	Jury Duty	Military Leave	Excused w/o Pay	Bereave-ment
Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↓	↓	↓	↓	↓	↓	↓
Corrected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↓	↓	↓	↓	↓	↓	↓
Corrected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	↓	↓	↓	↓	↓	↓	↓
Corrected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	↓	↓	↓	↓	↓	↓	↓
Corrected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee's Initials

Supervisor's Initials