



**Abilene Christian University Payroll Office**  
**ACU Box 29115**  
**Manual Adjustment of Leave Balances**

This form is to be used by exempt employees who have submitted leave time in error via the online leave report function. Please return to ACU Box 29115 or Human Resources, Ad building room 213

\_\_\_\_\_  
 Name of employee requiring adjustment

\_\_\_\_\_  
 Banner ID

Number of hours taken that have not been reported to payroll:

Number of hours reported to Payroll that were not taken:

Hours	Date	Type (Vacation, sick, holiday, etc)

Hours	Date	Type (Vacation, sick, holiday, etc)

Reason you are requesting the adjustment:

\_\_\_\_\_  
 Supervisor's signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor's Name (Print please)