

PORTLAND STATE UNIVERSITY LEAVE CORRECTION FORM

Name		SSN	
Department		E-Mail	Phone Ext.
Month & Year to be adjusted: _____		Remarks: (always specify "other" leave)	
Previously Reported Hours:	Corrected Hours:		
Sick leave _____	Sick leave _____		
Vacation _____	Vacation _____		
Other _____	Other _____		

Employee Signature

Date