City of Missoula Leave Adjustment Form

Employee Name: Date:

Department:

Payroll Coordinator: PR Coord. Phone#:

Leave hour adjustments reported on this form will directly affect the employee's available balance

Pay Hours Type	Adjust (+ or -)	Hours	Reason for Adjustment

Additional Notes:

Submit

Payroll Use Only			
Pay Hours Adjustment	**# of Hours Before**	**# of Hours After**	**Completed by/Date**
Vacation			
Sick			
Comp			
HolComp			

Eden Leave Balance Verification: