

**REQUEST FOR ADJUSTMENT OF DAYS KEYED LWOP
FROM ESS SUB REPORT (Absence Type 1191)**

INSTRUCTIONS: For HR review: Complete request form and fax to HR Employee Support at (904) 858-3570 **with copy of leave form** to be adjusted. Leave form and request form must be signed by Principal. Incomplete forms will be returned.

Employee Name: _____ PN: _____

School Location and RC number: _____

DATES FOR ADJUSTMENT:

	Leave Form Attached	
	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Reason/Explanation:

- Leave Form not submitted according to SB policy 6.52 – **Submit Request form to HR Employee Support for review.**
- Leave Form submitted within three days of absence, but not keyed by timekeeper – **HR approval not needed, contact your payroll clerk.**
- Leave Form submitted within three days of absence, but keyed on wrong date – **HR approval not needed, contact your payroll clerk.**

APPROVED BY PRINCIPAL: _____

To be completed by HR:

Payroll:
 _____HR approves the adjustment requested for changing LWOP keyed as a result of the ESS Sub report using leave balance that was available at the time of the absence.

_____NOT APPROVED

SIGNED: _____
 HR Employee Support