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Kennesaw State University
Monthly Leave Adjustment Form

Month:

Year:

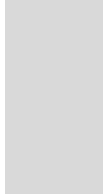
Name:

Department:

<p>Z }OE šZ vµu OE }(Z}µOE• š} iµ•š (}OE Z Ç }(šZ u}všZX h• šZ OE}Á• •]v] Á]oo o µo š µš}u š] ooÇX E}š W dZ]• (}OEu]• š} µ• (}OE oo o Á v • v • v Z Pµo OEoÇ • Z µo Z}µOE• v }u%o v• š}OEÇ š]u xZ}µo v}š OE %}OEš }v šZ]• (}OEu ^ v v u]o šZ }u%o o š (}OEu ~]v op]vP •]Pv šµOE •• š} %o ÇOE}oo>l vv • ÁX µ }OE (AE</p>
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Day (of the Month

Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Sick																
Vacation																
Jury Duty																
Uncompensated																
Other (Comment)																



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Signatures:

Employee:

Date:

Supervisor:

Date: