



SICK & VACATION ADJUSTMENT REQUEST FORM

Use this form to request vacation and sick hours adjustments. For each employee, specify the name, Employee ID and how many hours should be adjusted (use plus column to add hours; use minus column to reduce hours).

For example:

Department Name & ID Number			Department of Engineering - 111		Pay Period Dates		June 2009	
Employee Name			Sick		Vacation			
Last	First	Employee ID#	Plus	Minus	Plus	Minus		
Burdell	George P.	111111	4			4		

Add 4 hours to the current Sick Balance

Reduce the current Vacation Balance by 4 hours

Department Name & ID Number

Pay Period Dates

Employee Name			Sick		Vacation	
Last	First	Employee ID#	Plus	Minus	Plus	Minus

Vacation/Sick Administrator Name: _____

Signature: _____ Date: _____

HR Rep / Dept Head Name: _____

Signature: _____ Date: _____

Note: This request will not be processed without both signatures listed above. Complete the form, then scan for email attachment to pay.ask@ohr.gatech.edu or fax (F: 404-894-0944).