



### Time Adjustments / Leave Application

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Home Dept: \_\_\_\_\_ Float Dept: \_\_\_\_\_

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#### TACS Time Adjustment

Requested Clock Code: \_\_\_\_\_ Adjustment Date: \_\_\_/\_\_\_/\_\_\_  
Adjustment Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_  
Reason for Adjustment: \_\_\_\_\_  
\_\_\_\_\_

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#### Application for Leave

Hours of Leave Requested: \_\_\_\_\_

_____ Annual Leave	_____ Sick Leave
_____ Civil Leave	_____ Educational Leave
_____ Maternity Leave	_____ Leave Without Pay
_____ Special Leave	_____ Military Leave

For the Period Beginning: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_  AM  PM  
For the Period Ending: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_  AM  PM

\_\_\_\_\_  
*If Physician Certificate is required, please attach.*

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Employee Signature

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Supervisor/Manager/Dept. Head Signature

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Timekeeper Signature