

| Employee Information | | | |
|----------------------|--|---------------|--|
| Employee Name | | Employee ID # | |
| Pay Group | | | |

| Department Information | | | |
|------------------------|--|-----------------|--|
| Home Department ID | | Department ID | |
| Initiator Name | | Initiator Phone | |

| Accrual Bank Adjustment | | |
|--|-----------------|----------------------|
| <p><i>List the number of hours that should be added/subtracted for this individual's accrued time off. These adjustments are only in hours and will not result in any payment/deduction to the employee.</i></p> | | |
| Type of Accrual | Increase Bank | Decrease Bank* |
| flexPTO | Add _____ hours | Subtract _____ hours |
| Sick (SAJ)** | Add _____ hours | Subtract _____ hours |
| Vacation (VAJ)** | Add _____ hours | Subtract _____ hours |
| Personal (PAJ)** | Add _____ hours | Subtract _____ hours |
| <p><i>* For Exempt staff, the employee should submit accrual bank <u>decreases</u> using the Prior Time Off section of their next ETO report.</i></p> <p><i>**Non PTO users only</i></p> | | |

| Business Justification for Adjustment | | | |
|--|------------|-----------|------|
| <p><i>Explain the reason for accrual adjustment. Forms without a business justification will be returned to the initiator.</i></p> | | | |
| Approval Signatures | | | |
| Role | Print Name | Signature | Date |
| Home Department Manager | | | |