



FLORIDA STATE UNIVERSITY  
 OFFICE OF HUMAN RESOURCES  
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### TIMESHEET/LEAVE ADJUSTMENT FORM

Complete this form to: (1) retroactively correct and/or enter time that is more than 90 days in the past or (2) make an adjustment to an employee's leave balance. If a retroactive timesheet entry or correction is needed, please attach the amended and initialed timesheet of record warranting such entry. If an adjustment to an employee's particular leave balance(s) is needed, please indicate the appropriate leave plan(s) and/or hours worked being debited from and credited to the employee. Also, please attach the amended and initialed timesheet of record warranting such adjustment. The justification and employee acknowledgement/department approval sections are required.

Once completed, this form can be submitted to [HR-AttendanceLeave@fsu.edu](mailto:HR-AttendanceLeave@fsu.edu) for final review and processing.

#### EMPLOYEE & DEPARTMENT INFO

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Rec. #: \_\_\_\_\_  
 Department Name: \_\_\_\_\_ Initiator Name: \_\_\_\_\_  
 Initiator E-Mail: \_\_\_\_\_ Initiator Phone: \_\_\_\_\_

#### LEAVE BALANCE ADJUSTMENT

Leave balance adjustments typically require a credit and coinciding debit of hours worked and leave used or earned.

Hours Worked/Leave Plan (choose from the drop-down selection below or type if not listed)	Override Reason (type if applicable)	Credit (+)	Debit (-)

#### JUSTIFICATION (required)

\_\_\_\_\_

#### EMPLOYEE ACKNOWLEDGEMENT & DEPARTMENT APPROVAL (required)

I certify to the best of my knowledge that this document and the enclosed timesheet(s) are both an accurate account of the hours worked for the employee above.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Initiator Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Dean/Director/Department Head Name (Print) \_\_\_\_\_ Dean/Director/Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

#### HR Review

Processed by \_\_\_\_\_ Date \_\_\_\_\_