

# Request for Changes to Leave Records

FY \_\_\_\_\_

Department: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Contact:** Melissa Morgan (FAP)  
**Phone:** 491-0452

**Contact:** Joey Murphey (SC)  
**Phone:** 491-6875

Name	Assgn No.	Leave Element	Hours	Absence Start	Absence End	Explanation

<b><u>HR USE ONLY</u></b>
Processed by: _____
Date: _____
Batch _____

\_\_\_\_\_  
 Department - Authorized Signature

\_\_\_\_\_  
 Date

