

Volunteer State Community College Leave Reporting Correction Form

**This form must be submitted to the Payroll Office to make manual corrections to a previous leave reporting period.
This form must be submitted immediately upon discovering leave has not been reported or needs correcting.**

Employee Name _____ Banner ID _____

Reporting Period _____ through _____ Department _____

I certify the hours below were taken in accordance with TBR & VSCC policies and guidelines and were not submitted during the proper reporting period.

Employee Signature _____ Date _____

Please complete Item 1 OR Item 2 and Item 3 below.

(1) Leave not previously submitted:

Month	Day	Leave Type AL (Annual Leave) SL (Sick Leave) BL (Bereavement Leave) CT (Comp Time Leave-Non Exempt) LWOP (Leave w/o Pay) OTHER (Explain under comments)	Hours Taken	Comments/reason for not submitting with reporting cycle.

(2) Leave as previously submitted that requires correction (must complete part (3) also):

Month	Day	Leave Type (listed above)	Hours Taken	Comments

(3) Leave as corrected from Part 2 above (must complete part (2) also):

Month	Day	Leave Type (listed above)	Hours Taken	Comments

Supervisor/Department Head - Certification/Approval:

I certify the hours above or correction to previously submitted hours were taken in accordance with TBR & VSCC policies and guidelines and were not submitted correctly during the proper reporting period.

Approving Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____

President, VP or Designee Signature (if required) _____ Date _____