



## EXEMPT STAFF ADJUSTMENT TO TIME-OFF FORM

Please use this form to adjust vacation or sick time used after monthly payroll has been run.

Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_

Dates:	PTO	Sick
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Please note that any time used is taken as full-day increments (8 hours). Time cannot be taken as partial days.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Approved

\_\_\_\_\_  
Supervisor