

Kennesaw State University
Monthly Leave Adjustment Form

Month:

Year:

Name:

Department:

Sick Vacation Jury Duty Uncompensated Other (Comment)

Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Sick																
Vacation																
Jury Duty																
Uncompensated																
Other (Comment)																

Signatures:

Employee:

Date:

Supervisor:

Date: