COMMUNITY
COLLEGE
of AURORA

Manual Leave Correction Form

This Submission Form is for reporting corrections for a closed leave period in Employee Self Service. Enter the original and corrected leave time, where necessary, and an explanation for the change in the space(s) provided below. If additional lines are needed, submit multiple forms.

If you are correcting leave codes, hours reported or dates reported, use the Original Time and Corrected Time sections.

If you are adding leave time not previously submitted, use the Corrected Time section only.

Submit the completed form to your college's HR or Payroll email address.

Original Time Reported:

Leave Period Start Date: _____ Leave Period End Date: _____

Date	Leave Code	Hours

Corrected Time:

Date	Leave Code	Hours

Explanation:

By signing below, I certify that the corrections entered above represents a true and accurate record of my leave time.

Employee: _____   Date: _____

Approver: _____   Date: _____

Vice President*: _____   Date: _____

*Vice President approval may be required by the Business Office. Business Office will route the form to Vice President when applicable.