

**THE MILITARY DEPARTMENT OF SOUTH CAROLINA**  
**Request for Leave Adjustment Form**

Employee Name: \_\_\_\_\_ SCEIS Personnel #: \_\_\_\_\_

Department: \_\_\_\_\_

This adjustment is requested for the following reason(s):

Keying Error      Late Time and Attendance      Revised Time and Attendance

Other:

Please make the following adjustment(s):

<b>Date</b>	<b>Type Leave</b>	<b>Hours Taken</b>

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/  
Program Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
State HRO Approval

\_\_\_\_\_  
Date