AM-204-7-3

M Lactation Accommodation Leave Reduction Form

CITY OF BALTIMORE PAYROLL LEAVE REDUCTION FORM

This form is to be used when vacation, personal, or sick leave is to be reduced from an employee's leave accumulation totals. The original form should be sent to Central Payroll for the reduction, with a copy placed in the employee's official personnel file.

Reduce leave for:	
Name	
Dept/Location	
Employee ID Number	
Justification	
Sick Leave	_ (hours/minutes) ve (hours/minutes) (hours/minutes) ry Leave (hours/minutes)
This leave reduction is effective with the payroll period	ending
Should the employee not have sufficient leave to accon reduced as leave is earned until the leave debt is satisfie	nmodate this leave reduction, the leave accumulation totals will be d.
Supervisor's Signature	Date
Human Resource Officer's Signature	Date
Eff. 2/10/12	

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1/9/12 (new)