REQUEST FOR HOURS OR DATE ADJUSTMENTS

City of Minneapolis, Human Resources Department
Scan or Email copy to Barbara Payton: Barbara.Payton@ci.minneapolis.mn.us

Employee ID	Employee Name		
Submitted by (Print Name)	Phone Number		Date Submitted
Approved by (Department Authorization) Print Name:	Authorized Signature:		Date:

Please indicate all requested changes to employee hours and/or dates with a brief explanation of reasons.

CHANGE IN EMPLOYEE DATES

Field Name	Current Date in System	New Date Requested	Reason for Change (please describe briefly)
Hire Date			
Rehire Date			
Termination Date			
Company Seniority Date			
Service Date (for Benefits purpose)			
Leave Accrual Date (for Vacation accrual rates)			
Date Last Increase (for Step Increase eligibility)			
Longevity Date (for Longevity pay increases)			
Job Entry Date (for Classification Seniority)			
OTHER (specify)			

CHANGE IN EMPLOYEE HOURS

Field Name	Current Value in System	New Value of Change Requested			Reason for changes (please describe briefly)
		Add Hours (indicate how many)	Subtract Hours (indicate how many)	New Value	
Total Longevity Hours					
Classification Hours for Job code *Indicate Job Title or Job Code below:*					
Unused Sick Leave Balance					
Year-to-Date Sick Leave Used					
Unused Vacation Balance					
Year-to-Date Vacation Leave Used					
Unused Compensatory Time Balance					
Year-to-Date Comp Time Used					

Entered into HRIS by:	
Phone	Date

Distribute: Original: Department Personnel File   **Copy:** Employee   **Last Updated:** July 22, 2009