



Montgomery I.S.D.

LEAVE ADJUSTMENT FORM

ALL FIELDS ARE REQUIRED TO BE COMPLETED. FORM IS USED FOR IRS, TRS AND DOL RECORDKEEPING PURPOSES. PLEASE SEND ORIGINAL DOCUMENT BY INTERDEPARTMENTAL MAIL TO PAYROLL BY AUGUST PAY RUN DEADLINE.

EMPLOYEE INFORMATION

Employee Name: _____
Last *First* *M.I.*

Employee ID Number: _____ Department: _____ Date: _____

ROLLOVER DAYS FOR 12 MONTH EMPLOYEES CARRYING OVER MORE THAN 5 DAYS

Total number of days to rollover, including 5 days not requiring approval: _____

Other Information: _____

SIGNATURES

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

POLICY REGARDING ROLLOVER LEAVE

No more than five (5) days of non-duty time may be carried forward from one year to the next, unless approved by the Superintendent or designee.

PAYROLL PROCESS FOR ROLLOVER LEAVE

The signed original leave adjustment form should be submitted to the payroll department for processing beginning with the June pay run deadline. The final due date for submission of said leave adjustment form will be the August pay run deadline. The approved rollover leave adjustment form **should only be completed for employees carrying over more than the five (5) days of non-duty days.**