



Human Resources Leave Discrepancy Form

Name _____

Employee ID # _____

Department _____

I have reviewed my time sheet & do not agree with the following leave type balance:

Vacation Balance _____ **Sick Balance** _____ **Bonus Vacation** _____

The time sheet reflects _____ hours. I believe that my balance should be _____ hours.

Please explain what you believe the problem may be or add any comments that you may have.

Name _____ Date _____

Please Submit To:

**Schnell DuBose
Human Resources
[Admin. 2]
Phone: 704-330-6314
Fax: 704-330-6066**

