

## Pay, Leave, or Other Hours Adjustment Request

Salary Advance Adjustment Information								
Issuing Finance No.	Year	PP	Week	Cause Code **	Amount of Advance	Cash, Check No. or Money Order No.		
-					\$			
				<ul><li>** 1 - Salary Check Not</li><li>2 - Salary Check Sub</li></ul>	Received. Distantially Less than Net Ame	ount Due.		

I hereby certify that I have received a salary advance of the above amount. I authorize the USPS to recover this amount in the calculation of the salary check that reflects the appropriate adjustment, or subsequent salary checks, as required, to satisfy this debt.

## Employee Signature and Date:

Processed by То: 🖕 Year PP ADJ Reason Code Code Employee's Name RSC D/A Level Finance No. Social Security No. Yr. PP Wk. 57 Holiday 58 Holiday 59 Part Day 60 Full Day 61 Court 62 Guar. Card 52 Work Work Leave LWOP LWOP + Leave Time Type Hours + + + + Card Type 43 Penalty 66 Convention 67 Military 53 Overtime 68 Guar. O.T. 1230 Only 65 Meeting Overtime Time Leave Leave + + Work or Leave Hours ...... 0 1230-C Only 69 Blood Donor 70 Stewards 71 Cont. of 49 LWOP on 72 Sunday 73 Out of 54 Night New Employee or OWCP Leave **Duty Time** Pay Schedule Prem. Hrs. Work + + Replacement Card \_\_\_\_\_ 1 CARD TYPE 76 Non. Sched. 74 Christmas 55 Annual Higher Level 2 Work X FT Hr. + Leave Card Type Must Be Entered at Right and Must Match the 56 Sick Original Record Paid. 98 HL Cont. 90 91 93 95 Dual Code D/A Leave RSC LEVEL H/L LD

Remarks

Return to: (Issuing office complete this information)	Employee's Signature and Date
	Adjustment Clerk's Signature and Date
	Approving Officer's Signature and Date