

File completed document with STD 672 for the below period.

**Department Information**

Department [ ]	Agency Code [ ]	Unit Number [ ]
Pay Period (Month/Year) [ ]	Number of Errors Found [ ]	

**Errors Found (Leave type and/or Number of hours keyed)**

Employee Name	Leave Credit Type	Number of Hours Keyed In Error	Correct Leave Type	Correct Number of Hours	Date Corrected

**Signatures**

I certified that I have reviewed all leave keyed and have documented all errors to be corrected.

_____	_____	_____
Reviewer Signature	Print Name	Date

I certified that I have reviewed and corrected the errors as shown above.

_____	_____	_____
Personnel Specialist Signature	Print Name	Date