

## **Leave Activity and Correction Certification**

California Department of Human Resources State of California

File completed document with STD 672 for the below period.

Department Information							
Department		Agency Code		Unit Number			
Pay Period (Month/Year)	N	Number of Errors Found					
Errors Found (Leave type a	and/or Number o	f 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 ar	nd have documente	ed all errors to be	correcte	d.		
Reviewer Signature		Print Name			– Da	Date	
I certified that I have reviewed	and corrected the	errors as shown a	bove.				
Personnel Specialist Signature		Print Name			Date		
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