

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		A	gency Code	Unit Nu	mber
Pay Period (Month/Year)		[lumber of Errors	Found	
Errore Found (Loove type	and/or Number o	f bourg koved)			
Errors Found (Leave type a					
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