

File completed document with STD 672 for the below period.

**Department Information**

Department	Agency Code	Unit Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Pay Period (Month/Year)	Number of Errors Found	
<input type="text"/>	<input type="text"/>	

**Annual Leave and Sick Leave Report Errors**

Employee Name	Leave Benefit	Date Posted	Accrual Amount Posted in Error	Correct Accrual Amount	Date Corrected

**Leave Balance Audit 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
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I certified that I have reviewed and corrected the errors as shown above.

_____ Personnel Specialist Signature	_____ Print Name	_____ Date
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