

# Department of Pharmacy Leave / Adjustment Approval Form

<b>Full Name</b> (Type or Print)		<b>Date</b>	
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Absence Excused ??  Yes  No

<input type="checkbox"/> Vacation <input type="checkbox"/> Sick Leave <input type="checkbox"/> Comp Time <input type="checkbox"/> Missing Clock In/Out <input type="checkbox"/> Overtime					
COST CENTER	FROM		TO:		Total Hours
	Date	Time In	Date	Time Out	
*					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	<b>Reason and / or Comments:</b>				

Absence Excused ??  Yes  No

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	Date	Time In	Date	Time Out	
*					
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COST CENTER	FROM		TO:		Total Hours
	Date	Time In	Date	Time Out	
*					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	<b>Reason and / or Comments:</b>				

\* Sick Leave - Under Reasons and/or Comments, Please indicate the type of Sick Leave: Employee Sick Leave (SKL); Family Sick Leave (SKF); Family Medical Leave (FMS); Bereavement Sick Leave (SKB); or Workers Comp Sick Leave (WKC)

\*\* Cost Centers:  
 727 = Administration; 728 = Medical Group; 729 = ACC; 753 = Home Infusion; 765 = Inpatient; 797 = Discharge;  
 836 = Investigational Drugs; 189 = Moores Cancer Center; 210 = Thornton; 275 = Pearlman; \_\_\_\_\_ = Others

Employee's Signature	Date	Time
Acknowledged By (Supervisor and/or Scheduler)	Date	Time
Final Approval	Date	Time

CC: Payroll Coordinator