



Pay, Leave, or Other Hours Adjustment Request

Salary Advance Adjustment Information

Issuing Finance No.	Year	PP	Week	Cause Code **	Amount of Advance \$	Cash, Check No. or Money Order No.
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** 1 - Salary Check Not Received.
2 - Salary Check Substantially Less than Net Amount Due.

I hereby certify that I have received a salary advance of the above amount. I authorize the USPS to recover this amount in the calculation of the salary check that reflects the appropriate adjustment, or subsequent salary checks, as required, to satisfy this debt.

Employee Signature and Date:

To: ● ●	Processed by	
	Year	PP
	ADJ Code	Reason Code

Employee's Name	D/A	RSC	Level	Finance No.	Social Security No.				Yr.	PP	Wk.
Card Type <u>1230 Only</u> Work or Leave Hours 0 <u>1230-C Only</u> New Employee or Replacement Card 1 Higher Level 2 Card Type Must Be Entered at Right and Must Match the Original Record Paid.	57 Holiday Work -	58 Holiday Leave +	59 Part Day LWOP +	60 Full Day LWOP +	61 Court Leave +	62 Guar. Time +	Card Type	52 Work Hours +			
	43 Penalty Overtime -		65 Meeting Time	66 Convention Leave +	67 Military Leave +	68 Guar. O.T. -	CARD TYPE ↑	53 Overtime -			
	69 Blood Donor Leave +	70 Stewards Duty Time	71 Cont. of Pay	49 LWOP on OWCP +	73 Out of Schedule	72 Sunday Prem. Hrs.		54 Night Work			
	74 Christmas Work					76 Non. Sched. X FT Hr. +		55 Annual Leave +			
	98 HL Cont. Code	90 RSC	91 LEVEL	93 H/L LD	95 Dual D/A			56 Sick Leave +			

Remarks

Return to: (Issuing office complete this information)

Employee's Signature and Date

Adjustment Clerk's Signature and Date

Approving Officer's Signature and Date