



Form 3501 FR.02
CT/MP Paid Time Off Adjustment Document

Revised 10/23/2017

Submit to: employee.services@yale.edu; 221 Whitney Avenue; FAX: 203-432-5153

Employee Record to be Adjusted			
Last Name	First Name	M.I.	Employee UPI #
Department Name		Cost Center	

Specify Paid Hours Adjustment *						
	Date DD-MON-YYYY	Pay Type	Hours		Pay Type	Hours
As Reported:				New:		
As Reported:				New:		
As Reported:				New:		
As Reported:				New:		
As Reported:				New:		
As Reported:				New:		

Reason for Time Adjustment

* If this PTO change requires a monetary adjustment to the employee's paycheck, please also submit either Form [3501 FR.06 Overpayment Recovery Form](#) or Form [3501 FR.07 Payroll Payment Adjustment Form](#).

Authorizations		
Authorizer Name	Authorizer Signature	Phone
Employee Signature		Date

Questions? Contact employee.services@yale.edu