

**The University of Tennessee
Time Transfer Specifications**

Employee Name Last _____ First _____ Middle _____
 Personnel # _____
 Responsible Cost Center # _____ Cost Ctr Name _____
 Preparer _____ Phone # _____
 Effective Date _____

Time Transfer Specifications (IT2012)

Annual Leave Number of Hours to be Corrected
 Add to Balance (ZAAJ)
 Subtract from Balance (ZAAJ)
Justification:

Sick Leave Number of Hours to be Corrected
 Add to Balance (ZSAJ)
 Subtract from Balance (ZSAJ)
Justification:

Comp Time Number of Hours to be Corrected
 Add to Balance (ZCAJ)
 Subtract from Balance (ZCAJ)
 Comp Time Hours to be Paid (ZCPR)
Justification:

Personal Leave Number of Hours to be Corrected
 Add to Balance (ZPAJ)
 Subtract from Balance (ZPAJ)
Justification:

Sick Leave Bank Number of Hours to be Corrected
 From SLB to Employee's Sick Leave (ZBTS)
 From Employee's Sick Leave to SLB (ZSTB)
Justification:

Approval Signatures / Dates

_____ Date _____ Date _____