

LEAVE ERROR NOTICE (USE THIS FORM ONLY TO REPORT ERRORS)	DATE _____
NOTE TO TIMEKEEPER: Normally, the third Earnings and Leave Statement you receive after sending Error Notice's should show adjustment requested. Advise employee of information on reverse side of form.	NAME _____
DEPARTMENT OF HEALTH AND HUMAN SERVICES PERSONNEL AND PAY SYSTEMS DIVISION 8455 COLESVILLE ROAD, SUITE 700 SILVER SPRING, MD 20910	SS ACCOUNT NO. _____ TIMEKEEPER NO. _____
	ERROR OCCURRED IN PAY PERIOD ENDING _____ SPO # _____
	SENDER: <ul style="list-style-type: none"> ● Insert your name and address in space provided below. ● Forward original and one copy through your payroll liaison office.

PP ENDING _____	ANNUAL LEAVE								
	USED THIS PAY PERIOD	PRIOR YEAR BALANCE	EARNED YTD	ADVD LVE	USED YTD	CURR BAL	PART TIME CARRYOVER	MAXIMUM CARRYOVER	USE OR LOSE
OS - 340 SHOWS									
ADM. LV. REC. SHOWS									

SICK LEAVE							
PP ENDING _____	USED THIS PAY PERIOD	PRIOR YEAR BALANCE	EARNED YTD	ADVD LVE	USED YTD	CURR BAL	PART TIME CARRYOVER
OS - 340 SHOWS							
ADM. LV. REC. SHOWS							

PP ENDING _____	MILITARY		AWOL/LWOP			COMPENSATORY		● OTHER	
	USED THIS PAY PERIOD	USED YTD	USED THIS PAY PERIOD	USED SINCE LAST PSI	USED YTD	USED THIS PAY PERIOD	AVAILABLE	CODE	USED THIS PAY PERIOD
OS - 340 SHOWS									
ADM. LV. REC. SHOWS									

LATEST SF-50 SHOWS:

SERVICE COMP. DATE	LEAVE CATEGORY	BASE HOURS

(Fold)

REPLY: *(To be completed by DPSA)*

Correction will be made in _____ fields.

Correction was made pp ending _____.

Correction not made because of insufficient supporting documents: _____

Amended T & A _____ SF-1150 _____

Administrative Leave Record _____ SF-50 RTD LWOP _____

SF-50 CORRECTION SCD _____ /Other (specify) _____

Date Completed _____ Signature _____ Effective Pay Period Ending _____

	← SENDER'S NAME AND MAILING ADDRESS
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INFORMATION TO EMPLOYEE:

Title 5 USC 5501 et seq and Executive Order 9397 authorize the collection of the information requested on this form, including the Social Security number. The information you disclose, including your Social Security number, will be used to determine if a pay error exists and to correct the pay error. The information may also be used: a) by a Federal, state or local agency for investigating or prosecuting a violation or potential violation of law; b) by the Civil Service Commission in carrying out its functions; c) by the Department of Treasury in preparing and issuing employee salary and compensation checks and U.S. Savings Bonds; and d) for other routine uses published in accordance with 5 USC 552a. Your failure to disclose the information requested, including your Social Security number, may result in the pay error not being corrected or brought to the attention of the payroll office.