

Pay, Leave, or Other Hours Adjustment Request

Employee's Name (Last, first, m.i.)	D/A (1-3)	RSC (4-5)	Level (6-7)	Finance No. (8-13)	Social Security Number (14-22)	Yr (23-24)	PP (25-26)	Wk (27)
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Card Type	Was Paid			Should be Paid		
	Description	Code	Hours	Description	Code	Hours
Base Card ▶ If more lines are needed, use the Remarks area below. (To request changes for higher level (H/L) or dual appointment, use the area below. If more than one H/L or dual appointment card, use additional forms.)	Workhours	052+		Workhours	052+	
	Overtime	053-		Overtime	053-	
	Night Differential	054		Night Differential	054	
	Annual leave	055+		Annual leave	055+	
	Sick Leave	056+		Sick Leave	056+	
	Leave Without Pay	060+		Leave Without Pay	060+	
	Non Scheduled	076+		Non Scheduled	076+	
Check One if Applicable <input type="checkbox"/> Higher Level						
RSC _____	Workhours	052+		Workhours	052+	
Level _____	Overtime	053-		Overtime	053-	
HLLD Y/N ____	Night Differential	054		Night Differential	054	
<input type="checkbox"/> Dual Appt.						
RSC _____						
Level _____						
Dual D/A ____						
Fin. # _____						
Totals				Hours must equal (xft) 40		

Remarks	Grievance Step Number
	Grievance and/or GATS Number

Issuing Office Mailing Address				Employee's Signature		Date
				Authorizer's Printed Name		
				Authorizer's Telephone Number (Include area code)		
Processed YR/PP	Adj. Code	Reason Code	Processed By	Authorizer's Signature		Date

Emergency Salary Advance Authorization and Receipt (In lieu of PS Form 1608, Emergency Salary Authorization and Receipt)						
AIC 554	Salary Check Substantially Less Than Net Amount Due			PP	Year	Amount of Advance for Week 1 + \$
Employee's Signature (I hereby certify that I have received a salary advance of the stated amount. I authorize the USPS to recover this amount upon receipt of the missing check or in the calculation of the salary check that reflects the appropriate adjustment, or subsequent salary checks, as required, to satisfy this debt) _____ Date				Issuing Retail Unit Number (10 digit)		Amount of Advance for Week 2 + \$
				Date of Issue		Total Amount of Advance for Pay Period = \$
				Authorizer's Printed Name		
				Authorizer's Phone Number (Include area code)		
Authorizer's Signature (It is your responsibility to promptly settle outstanding salary advances) _____ Date						

Instructions

Employee Information Section

Print employee's name (last, first, m.i.) designation/activity code, base level, finance number, Social Security number, year, pay period, and week number being adjusted.

NOTE: Complete a separate form for each week being adjusted.

Was Paid Section

Record what the employee was originally paid. Record the hours types and the amounts in the hundredths (HH.HH) format. Use the TACS Employee All report to reference actual hours paid.

Should be Paid Section

Record all hours to reflect exactly what the employee should be paid for the applicable week. Enter hours in the hours hundredths (HH.HH) format. The record must add up (crossfoot) to 40.00 hours for the week.

NOTE: When family Medical Leave Act (FMLA) and or sick leave (SL)/dependent care designations are used, you must also enter the applicable code and the hours code for the leave. (Example: 8.00 hours FMLA SL would have 2 entries, Code 056 — 8.00 hours and code 002 — 8.00 hours. Use payroll hours codes, not TACS hours codes for FMLA. See list below:

Payroll Hours Codes

55 & 01	FMLA Annual Leave
56 & 02	FMLA Sick Leave
71 & 03	FMLA COP
49 & 04	FMLA IOD/OWCP
59 & 05	FMLA LWOP Part-Day
60 & 06	FMLA LWOP Full-Day
56 & 07	FMLA SL/ Dependent Care
56 & 08	Sick Leave Dependent Care

TACS Hours Codes

055 99
056 99
071 99
049 99
059 99
060 99
056 98
056 97

Higher-Level or Dual Appointment Section

If the record includes higher-level pay or pay for hours worked in a job that is a dual appointment, check either the Higher Level or the Dual Appointment box. Record the applicable rate schedule code and level. *For higher level*, if the employee is in a higher-level status at the end of the last scheduled day of the week (HLLD), enter a Y (for yes). If not, enter an N (for no). *For dual appointments*, fill in the D/A of the job that is the dual appointment and the finance number where the dual appointment hours were worked.

If there is more than one higher-level or dual record, complete a separate PS Form 2240 for each additional higher-level or dual record.

In the Was Paid section, record what the employee was originally paid on higher-level or dual job. Record the hours types on the form in hours hundredths (HH) format. Use the TACS Employee All report to reference actual hours.

In the Should be Paid section, record all the higher-level or dual hours types to reflect exactly what the employee should be paid for the applicable week. Enter the hours in the hours hundredths format. The base and higher-level or dual records combined must crossfoot to 40.00 hours for the week.

For dual hours which include overtime, coordination between other offices may be necessary to properly identify which job/office is required to pay hours as overtime.

Remarks Section

You must enter supporting remarks containing a brief supporting statement. If the adjustment is a settlement award or a grievance, enter the grievance step and grievance/GATS number in the applicable box. If awarding regular or overtime hours for a grievance, make certain you use the codes 038 and/or 039 and NOT 052 and/or 053.

Issuing Office Mailing Address Section

Enter the authorizer's office mailing address.

Employee and Authorizer Signature Section

The employee and and authorizer must sign and date. The authorizer must also print his or her name and telephone number.

Emergency Salary Advance Authorization and Receipt Section

Use this section only if a salary advance must be issued.

Enter the relevant year and pay period of the advance. Enter the dollar amount being issued for weeks 1 and 2 and the total amount being advanced for the pay period.

Enter the 10-digit window unit ID where the salary advance is issued, and the date of issue.

The employee and authorizer must both sign and date in this section. The authorizer must also print his or her name and telephone number.

If you have questions about completing this form, contact your local TACS office for assistance.