





Date

# Rural Pay or Leave Adjustment Request

Form 1314 Correction  Form 1314-A Correction

## Corrected Form 1314 (Attach original)

Name of Assigned Carrier	Finance Number	Social Security Number	Des/Act	Route No.	FLSA	Year	PP

Wk	Actual Wkly Work Hours	Days Assigned Carrier Absent						Daily Overtime	Training Hours	COP Hours	Limited Duty Hours	Route Dev.	GT Veh.	Miles Omit	Xmas Assist Work Hours
		Sat.	Mon.	Tue.	Wed.	Thur.	Fri.								
1	Hours   100s							Hours   100s	Hours   100s		Hours   100s				Hours   100s
2	Hours   100s							Hours   100s	Hours   100s		Hours   100s				Hours   100s

Week 1 Information										Week 2 Information					
Des/Act	Name of Relief Carrier	Social Security Number	Actual Wkly Work Hours	Trips	No EM	EM	Whole Miles		Actual Wkly Work Hours	Trips	No EM	EM	Whole Miles		
							Dev +	Omit -					Dev +	Omit -	
			Hours   100s						Hours   100s						
			Hours   100s						Hours   100s						
			Hours   100s						Hours   100s						
			Hours   100s						Hours   100s						
			Hours   100s						Hours   100s						
			Hours   100s						Hours   100s						

## Corrected Form 1314-A (Attach original)

Name of Assigned Carrier	Finance Number	Social Security Number	Des/Act	Route No.	FLSA	Year	PP

Wk	Actual Wkly Work Hours	Work Days	Training Hours	Equipment Allowance				Leave - Whole Hours				N - No Service					Xmas Assist Work Hours	
				Hours	Trips	Miles	GT	Annual	Sick	Other	COP	Sat.	Mon.	Tue.	Wed.	Thur.		Fri.
1	Hours   100s		Hours   100s															Hours   100s
2	Hours   100s		Hours   100s															Hours   100s

Week 1 Information										Week 2 Information					
Des/Act	Name of Relief Carrier	Social Security Number	Actual Wkly Work Hours	Equipment Allowance				Actual Wkly Work Hours	Equipment Allowance						
				Hours	Trips	Miles	GT		Hours	Trips	Miles	GT			
			Hours   100s					Hours   100s							
			Hours   100s					Hours   100s							
			Hours   100s					Hours   100s							
			Hours   100s					Hours   100s							
			Hours   100s					Hours   100s							
			Hours   100s					Hours   100s							

## Remarks (If more space is needed use reverse side)

Remarks:

Return to: (Issuing office complete this block)

Employee's Signature and Date

Adjustment Clerk's Signature and Date

Approving Officer's Signature and Date