



FINANCIAL AFFAIRS - PAYROLL DEPARTMENT OF EDUCATION

501 Mariner Ave.
Barrigada, Guam 96913
Telephone: (671) 475-0430



JUDITH T. WON PAT, Ed.D.
Superintendent of Education

Back-In Pay and Conversion of Leave Request

Date: _____

MEMORANDUM

To: Comptroller
From: Chief Payroll Officer
Subject: Conversion of Leave/Back-In Pay Request

Indicate which request(s) is/are being made for the following employee:

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CONVERSION OF LEAVE

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BACK-IN PAY

****NOTE:** This request must be made NO MORE than TWO (2) pay periods after the original subject date(s).

Name of Employee

Employee ID Number

School/Division: _____

Location Code: _____

Date(s) of Conversion of Leave or Back-In Pay: _____

Total Number of Hours: _____ For Pay Period Ending: _____

CONVERSION OF LEAVE/BACK-IN PAY REQUESTED FOR THE FOLLOWING REASON(S):

LEAVE TYPE BEING CONVERTED FROM: _____ TO _____

Your cooperation and consideration is most appreciated.

Signature of Administrator/Division Head

Signature of Employee

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APPROVED

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DISAPPROVED

Signature of Comptroller

Date