

# Pay, Leave, or Other Hours Adjustment Request

Employee's Name (Last, first, m.i.)	D/A	RSC	Level	Finance No.	Social Security Number	Yr	PP	Wk
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Card Type:	Was Paid			Should be Paid		
	Description	Code	Hours	Description	Code	Hours
<b>Base Card</b> ▶  If more lines are needed, use the <i>Remarks</i> 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+	
	Full Day LWOP	060+		Full Day LWOP	060+	
	Non Scheduled Crossfoot	076+		Non Scheduled Crossfoot	076+	
<b>Check One if Applicable</b> <input type="checkbox"/> Higher Level RSC _____ Level _____ HLLD Y/N ____ <input type="checkbox"/> Dual Appt. RSC _____ Level _____ Dual D/A ____ Fin. # _____						
<b>Totals</b>			<b>Hours must equal (xft) 40</b>			

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)	
	Authorizer's Signature	Date

**Emergency Salary Authorization (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)				Amount of Advance for Week 2
				+ \$
Date				Total Amount of Advance for Pay Period
				= \$
Authorizer's Signature (It is your responsibility to promptly settle outstanding salary advances)				Authorizer's Printed Name
				Authorizer's Phone Number (Include area code)

## Instructions

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**Employee Information Section:** Print employee's name (last, first, m.i.) designation/activity code, rate schedule 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  
56 & 02  
71 & 03  
49 & 04  
59 & 05  
60 & 06  
56 & 07  
56 & 08

FMLA Annual Leave  
FMLA Sick Leave  
FMLA COP  
FMLA IOD/OWCP  
FMLA LWOP Part-Day  
FMLA LWOP Full-Day  
FMLA SL/ Dependent Care  
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 hundredth (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 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.**

**Privacy Act Statement:** Your information will be used to administer your compensation and payroll request. Collection is authorized by 39 USC 401, 409, 410, 1001, 1003, 1004, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not process your request. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS® or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; and records pertaining to supervisors and postmasters may be disclosed to supervisory and other managerial organizations recognized by USPS.