

CPER PPER

State of Nevada - Special Pay / Time Adjustment Sheet

Agency

(B/A) Home Org

Agency Name

****For Central Payroll Use Only****
Approved (Initials)

Employee Last Name	Initials	Internal ID	Appt ID	Input Total	Event Date	Event Codes	OT Code	Amount	Explanation

Prepared By _____ Date _____

Approved By _____ Date _____

Telephone Number _____

Entered (Initials) Date

This is to be signed when paying leave balances for terminating employees to certify that all leave taken has been reported and the employee is entitled to payment of the balance(s).

Signature _____ Date _____