



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.	
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