

Leave Adjustment Form

This form must be completed and signed by all required departments before submitting to Payroll-Services@ouhsc.edu.

Today's Date: 01/01/2020 **Full Timesheet Group:** DEPT-LastName-EMPID
Employee ID: EMP ID **Employee Name:** John Doe
Supervisor's Name: Jane Doe **Payroll Coordinator Name:** Jill Doe

TAL LEAVE ACCRUAL ADJUSTMENT: Check applicable boxes. Indicate the specific amount to be added or subtracted from the employee's balance.

Paid Time Off (PTO): +0.92 Vacation Leave*: _____ Extended Sick Leave (ESL)*: _____
 Sick Leave*: _____ Holiday: _____

**Please note that Sick Leave and Vacation Leave are typically only applicable to Fellows and Residents.*

Reason for Adjustment: Transfer balance from Norman (HR USE ONLY) Other Error in Balance

Date(s) Leave Error(s) Occurred: MM/DD/YYYY (date of incorrect accrual)

**Adjustment Description
Required:**

This employee should have earned a higher leave accrual because they have been here for 5 years.

PAID LEAVE PAYOUT ADJUSTMENT: Check applicable box.

Leave payout not allowed per SPNSR funding. Authorized Signature, Grants & Contracts _____
 Transferring balance to Norman.
 Termination due to gross misconduct.
 Other, description required.

Termination Date: _____ **ePAF Executed Date:** _____

HR Combination Code (chartfield code for payment, not chartfield spread): _____

**Description of Request,
required if marked
"Other" above:**

Supervisor's Signature 01/01/2020
Supervisor Signature/Date

PC's Signature 01/01/2020
Payroll Coordinator Signature/Date

HR's Signature 01/01/2020
Human Resources (Business Partner) Signature/Date