

## Leave Adjustment Form

*This form must be completed and signed by all required departments before submitting to [Payroll-Services@ouhsc.edu](mailto: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): \_\_\_\_\_     
  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:** \_\_\_\_\_

**Adjustment Description  
Required:**

**PAID LEAVE PAYOUT ADJUSTMENT:** Check applicable box.

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

**Termination Date:** MM/DD/YYYY      **ePAF Executed Date:** MM/DD/YYYY

**HR Combination Code (chartfield code for payment, not chartfield spread):** \_\_\_\_\_

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

**Grant does not allow PTO payout.**

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