

# 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\*: +120  Extended Sick Leave (ESL)\*: \_\_\_\_\_  
 Sick Leave\*: +120  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 started the program late and missed the automatic accrual for sick and vacation.

**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