

OU Pay Form Examples

Example 1: Employee is terminated but is owed a payment for time worked prior to their termination

Reset Values

OU Pay Form

Is this payment? In Addition to Online Data Override Online Data

Last Name: <u>Smith</u>	First Name: <u>John</u>	Employee ID: <u>123456</u>
Position ID: <u>12345678</u>	Hourly Rate: <u>\$ 22.000000</u>	Pay Group: <u>EXM (Exempt Emplo)</u>
Work Begin Dt: <u>04/01/2024</u>	Work End Dt: <u>06/30/2024</u>	Pay Period End Date: <u>07/13/2024</u>
Dept ID: <u>COM001</u>	Dept Contact: <u>Jane Doe</u>	Contact Phone: <u>405-222-2222</u>

Additional Payment Types (code descriptions)	Amount	HR Combo Code	Grant* (Requires Initials Below)
200 Professional Practice Plan	\$ 500.00	000123456	
160 Faculty Qtrly SPNSR Incentive***	\$ 1,000.00	000444555	
Other (Explain Below):			
***Dean/VP Signature Required		<u>Dr. Barney</u>	<u>7/10/2024</u>
		Signature of Dean/Vice President	Date

Base Earning Payment Types	Hours	Amount	HR Combo Code	Grant* (Requires Initials Below)
Other (Explain Below):				
NOTE: All hourly employee payments require additional information (box below) and supporting documentation.				

Explanation/Additional Information: Employee terminated 7/1/2024 and is owed a PPP Payment for June and a quarterly payment for Q4 of FY2024

I hereby certify that I process the payroll for my department and that information supplied herein is true and correct. Where applicable, I have reviewed a timecard signed by the employee's supervisor.	<u>Jane Doe</u> Signature of Department Payroll Coordinator
I hereby certify, to the best of my knowledge, this employee or temporary worker is entitled to pay as indicated and all leave taken since the last payroll (if applicable) is included with this report. Furthermore, I certify that this supplemental pay (if applicable) is in accordance with HSC Administration Policy, Special Payment Request, Section 312 .	<u>Dr. Pebbles</u> Signature of Department Head

*Grants & Contracts Accounting Initials: _____ **HR Compensation Initials: _____ Updated: 08/21/2024

OU Pay Form Examples

Example 2: Employee changed Pay Groups and earning code is ineligible for current pay group

Reset Values

OU Pay Form

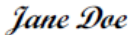
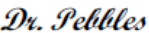
Is this payment? In Addition to Online Data Override Online Data

Last Name: Smith	First Name: John	Employee ID: 123456
Position ID: 12345678	Hourly Rate: \$ 22.000000	Pay Group: EXM (Exempt Emplo
Work Begin Dt: 06/01/2024	Work End Dt: 06/30/2024	Pay Period End Date: 07/13/2024
Dept ID: COM001	Dept Contact: Jane Doe	Contact Phone: 405-222-2222

Additional Payment Types (code descriptions)	Amount	HR Combo Code	Grant* (Requires Initials Below)
STU Summer Students**	\$ 1,500.00	123456	
Other (Explain Below):			
***Dean/VP Signature Required			
_____ Signature of Dean/Vice President		_____ Date	

Base Earning Payment Types	Hours	Amount	HR Combo Code	Grant* (Requires Initials Below)
Other (Explain Below):				
<i>NOTE: All hourly employee payments require additional information (box below) and supporting documentation.</i>				

Explanation/Additional Information: Employee transferred to a salaried position effective 7/1/2024 but they are due their Summer Student payment from June

I hereby certify that I process the payroll for my department and that information supplied herein is true and correct. Where applicable, I have reviewed a timecard signed by the employee's supervisor.	 _____ Signature of Department Payroll Coordinator
I hereby certify, to the best of my knowledge, this employee or temporary worker is entitled to pay as indicated and all leave taken since the last payroll (if applicable) is included with this report. Furthermore, I certify that this supplemental pay (if applicable) is in accordance with HSC Administration Policy, Special Payment Request, Section 312 .	 _____ Signature of Department Head

*Grants & Contracts Accounting Initials: _____

**HR Compensation Initials: HRC

Updated: 08/21/2024

OU Pay Form Examples

Example 3: Hourly employee's hire ePAF was not executed timely and no timesheet is available for the employee in TAL

[Reset Values](#)

OU Pay Form

Is this payment? In Addition to Online Data Override Online Data

Last Name: <u>Smith</u>	First Name: <u>John</u>	Employee ID: <u>123456</u>
Position ID: <u>12345678</u>	Hourly Rate: <u>\$ 22.000000</u>	Pay Group: <u>NEX (Non-Exempt Er</u>
Work Begin Dt: <u>07/08/2024</u>	Work End Dt: <u>07/13/2024</u>	Pay Period End Date: <u>07/13/2024</u>
Dept ID: <u>COM001</u>	Dept Contact: <u>Jane Doe</u>	Contact Phone: <u>405-222-2222</u>

Additional Payment Types (code descriptions)	Amount	HR Combo Code	Grant* (Requires Initials Below)
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Other (Explain Below):			
***Dean/VP Signature Required		Signature of Dean/Vice President	Date

Base Earning Payment Types	Hours	Amount	HR Combo Code	Grant* (Requires Initials Below)
REG Regular	40.00	\$ 880.00		
<input type="text"/>				
<input type="text"/>				
Other (Explain Below):				
NOTE: All hourly employee payments require additional information (box below) and supporting documentation.				

Explanation/Additional Information: Employee began working on 7/8/2024 but hire ePAF did not execute until 7/15/2024, there is no timesheet in TAL for the employee

I hereby certify that I process the payroll for my department and that information supplied herein is true and correct. Where applicable, I have reviewed a timecard signed by the employee's supervisor.	<u>Jane Doe</u> Signature of Department Payroll Coordinator
I hereby certify, to the best of my knowledge, this employee or temporary worker is entitled to pay as indicated and all leave taken since the last payroll (if applicable) is included with this report. Furthermore, I certify that this supplemental pay (if applicable) is in accordance with HSC Administration Policy, Special Payment Request, Section 312 .	<u>Dr. Pebbles</u> Signature of Department Head

*Grants & Contracts Accounting Initials: _____

**HR Compensation Initials: _____

Updated: 08/21/2024

OU Pay Form Examples



Timesheet

Employee Name: John Smith Employee ID: 123456
 Pay Period Start Date: 6/30/2024 Pay Period End Date: 7/13/2024

Week 1					Week 2				
Worked Hours on Sunday, June 30, 2024					Worked Hours on Sunday, July 7, 2024				
Time In/Out	Hours	Minutes	Hours Type Reason Code		Time In/Out	Hours	Minutes	Hours Type Reason Code	
Time In:			0:00		Time In:			0:00	
Time Out:					Time Out:				
Time In:			0:00		Time In:			0:00	
Time Out:					Time Out:				
Total:	0:00				Total:	0:00			
Worked Hours on Monday, July 1, 2024					Worked Hours on Monday, July 8, 2024				
Time In:			0:00		Time In:	8:00 AM		4:00 REG	
Time Out:					Time Out:	12:00 PM			
Time In:			0:00		Time In:	1:00 PM		4:00 REG	
Time Out:					Time Out:	3:00 PM			
Total:	0:00				Total:	8:00			
Worked Hours on Tuesday, July 2, 2024					Worked Hours on Tuesday, July 9, 2024				
Time In:			0:00		Time In:	8:00 AM		4:00 REG	
Time Out:					Time Out:	12:00 PM			
Time In:			0:00		Time In:	1:00 PM		4:00 REG	
Time Out:					Time Out:	3:00 PM			
Total:	0:00				Total:	8:00			
Worked Hours on Wednesday, July 3, 2024					Worked Hours on Wednesday, July 10, 2024				
Time In:			0:00		Time In:	8:00 AM		4:00 REG	
Time Out:					Time Out:	12:00 PM			
Time In:			0:00		Time In:	1:00 PM		4:00 REG	
Time Out:					Time Out:	3:00 PM			
Total:	0:00				Total:	8:00			
Worked Hours on Thursday, July 4, 2024					Worked Hours on Thursday, July 11, 2024				
Time In:			0:00		Time In:	8:00 AM		4:00 REG	
Time Out:					Time Out:	12:00 PM			
Time In:			0:00		Time In:	1:00 PM		4:00 REG	
Time Out:					Time Out:	3:00 PM			
Total:	0:00				Total:	8:00			
Worked Hours on Friday, July 5, 2024					Worked Hours on Friday, July 12, 2024				
Time In:			0:00		Time In:	8:00 AM		4:00 REG	
Time Out:					Time Out:	12:00 PM			
Time In:			0:00		Time In:	1:00 PM		4:00 REG	
Time Out:					Time Out:	3:00 PM			
Total:	0:00				Total:	8:00			
Worked Hours on Saturday, July 6, 2024					Worked Hours on Saturday, July 13, 2024				
Time In:			0:00		Time In:			0:00	
Time Out:					Time Out:				
Time In:			0:00		Time In:			0:00	
Time Out:					Time Out:				
Total:	0:00				Total:	0:00			
Week 1 Total: 0:00					Week 2 Total: 40:00				

Pay Period Total Hours: 40:00

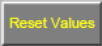
By signing and submitting this timesheet I certify that I have accurately recorded all hours that I have worked or taken as time off in accordance with applicable OUHSC Policy and guidelines. I understand that I am subject to discipline up to and including termination if I have failed to record or have misrepresented any information on my timesheet.


John Smith 7/15/2024 David Johnson 7/15/2024
 Employee signature Date Supervisor signature Date

OU Pay Form Examples

Example 4: Incorrect information in payroll will cause overpayment

Note: Since the option for “Override Online Data” is chosen, only what is listed on the form will be paid so be sure to include any regular hours that should remain





OU Pay Form

Is this payment? In Addition to Online Data Override Online Data

Last Name: <input type="text" value="Smith"/>	First Name: <input type="text" value="John"/>	Employee ID: <input type="text" value="123456"/>
Position ID: <input type="text" value="12345678"/>	Hourly Rate: <input type="text" value="\$ 22.000000"/>	Pay Group: <input type="text" value="EXM (Exempt Emplo)"/>
Work Begin Dt: <input type="text" value="06/30/2024"/>	Work End Dt: <input type="text" value="07/13/2024"/>	Pay Period End Date: <input type="text" value="07/13/2024"/>
Dept ID: <input type="text" value="COM001"/>	Dept Contact: <input type="text" value="Jane Doe"/>	Contact Phone: <input type="text" value="405-222-2222"/>

Additional Payment Types <small>(code descriptions)</small>	Amount	HR Combo Code	Grant* (Requires Initials Below)
200 Professional Practice Plan <input type="text"/>	\$ 2,000.00	000123456	
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Other (Explain Below): <input type="text"/>			

***Dean/VP Signature Required

Signature of Dean/Vice President	Date
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Base Earning Payment Types	Hours	Amount	HR Combo Code	Grant* (Requires Initials Below)
REG Regular <input type="text"/>	72.00	\$ 1,584.00		
HOL/HLS Holiday Pay <input type="text"/>	8.00	\$ 176.00		
<input type="text"/>				
Other (Explain Below): <input type="text"/>				

NOTE: All hourly employee payments require additional information (box below) and supporting documentation.

Explanation/Additional Information: While reviewing payroll reports we discovered an error with an Add Pay ePAF that was executed for this employee, amount should have been \$2000 not \$3000

<p>I hereby certify that I process the payroll for my department and that information supplied herein is true and correct. Where applicable, I have reviewed a timecard signed by the employee's supervisor.</p>	<p><i>Jane Doe</i></p> <p>Signature of Department Payroll Coordinator</p>
<p>I hereby certify, to the best of my knowledge, this employee or temporary worker is entitled to pay as indicated and all leave taken since the last payroll (if applicable) is included with this report. Furthermore, I certify that this supplemental pay (if applicable) is in accordance with HSC Administration Policy, Special Payment Request, Section 312.</p>	<p><i>Dr. Pebbles</i></p> <p>Signature of Department Head</p>

*Grants & Contracts Accounting Initials:

**HR Compensation Initials:

Updated: 08/21/2024

OU Pay Form Examples

Example 5: Incorrect information from TAL will cause overpayment

Note: Any TAL corrections should include a screenshot of the approved adjustment as supporting documentation

Reset Values

OU Pay Form

Is this payment? In Addition to Online Data Override Online Data

Last Name: <u>Smith</u>	First Name: <u>John</u>	Employee ID: <u>123456</u>
Position ID: <u>12345678</u>	Hourly Rate: \$ <u>22.000000</u>	Pay Group: <u>EXM (Exempt Emplo)</u>
Work Begin Dt: <u>06/30/2024</u>	Work End Dt: <u>07/13/2024</u>	Pay Period End Date: <u>07/13/2024</u>
Dept ID: <u>COM001</u>	Dept Contact: <u>Jane Doe</u>	Contact Phone: <u>405-222-2222</u>

Additional Payment Types <small>(code descriptions)</small>	Amount	HR Combo Code	Grant* (Requires Initials Below)
Other (Explain Below):			

***Dean/VP Signature Required

Signature of Dean/Vice President	Date
----------------------------------	------

Base Earning Payment Types	Hours	Amount	HR Combo Code	Grant* (Requires Initials Below)
REG Regular	80.00	\$ 1,760.00		
421/LEA Leave Without Pay	64.00	\$ 1,408.00		
ESL/XSS Extended Sick Leave	16.00	\$ 352.00		
Other (Explain Below):				

NOTE: All hourly employee payments require additional information (box below) and supporting documentation.

Explanation/Additional Information: Employee's leave was extended but leave hours were not recorded in TAL, employee does not have enough PTO to cover the whole pay period

I hereby certify that I process the payroll for my department and that information supplied herein is true and correct. Where applicable, I have reviewed a timecard signed by the employee's supervisor.	<u>Jane Doe</u> Signature of Department Payroll Coordinator
I hereby certify, to the best of my knowledge, this employee or temporary worker is entitled to pay as indicated and all leave taken since the last payroll (if applicable) is included with this report. Furthermore, I certify that this supplemental pay (if applicable) is in accordance with HSC Administration Policy, Special Payment Request, Section 312 .	<u>Dr. Pebbles</u> Signature of Department Head

*Grants & Contracts Accounting Initials: _____
**HR Compensation Initials: _____
Updated: 08/21/2024

OU Pay Form Examples

Adjustment Test Message Adjustments Status (Approved, Not Processed)

Adjustments Pay Period Details

Adjustments Input Summary																	
Hours Type	Week 1								Week 2								Total
	Sun 06/30	Mon 07/01	Tue 07/02	Wed 07/03	Thu 07/04	Fri 07/05	Sat 07/06	Week Total	Sun 07/07	Mon 07/08	Tue 07/09	Wed 07/10	Thu 07/11	Fri 07/12	Sat 07/13	Week Total	
Extended Sick Leave		8.00	8.00					16.00								0.00	16.00
Leave Taken Scheduled				8.00	8.00	8.00		24.00		8.00	8.00	8.00	8.00	8.00		40.00	64.00
Totals:	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	80.00
Paid Summary																	
Extended Sick Leave		8.00	8.00					16.00								0.00	16.00
Leave With Out Pay				8.00	8.00	8.00		24.00		8.00	8.00	8.00	8.00	8.00		40.00	64.00
Paid Summary NET																	
Extended Sick Leave		8.00	8.00					16.00								0.00	16.00
Leave With Out Pay				8.00	8.00	8.00		24.00		8.00	8.00	8.00	8.00	8.00		40.00	64.00

OU Pay Form Examples

Example 6: Incorrect information will cause financial hardship for employee

Reset Values

OU Pay Form

Is this payment? In Addition to Online Data Override Online Data

Last Name: <u>Smith</u>	First Name: <u>John</u>	Employee ID: <u>123456</u>
Position ID: <u>12345678</u>	Hourly Rate: \$ <u>22.000000</u>	Pay Group: <u>EXM (Exempt Emplo</u>
Work Begin Dt: <u>06/30/2024</u>	Work End Dt: <u>07/13/2024</u>	Pay Period End Date: <u>07/13/2024</u>
Dept ID: <u>COM001</u>	Dept Contact: <u>Jane Doe</u>	Contact Phone: <u>405-222-2222</u>

Additional Payment Types (code descriptions)	Amount	HR Combo Code	Grant* (Requires Initials Below)
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Other (Explain Below):			

***Dean/VP Signature Required

Signature of Dean/Vice President

Date

Base Earning Payment Types	Hours	Amount	HR Combo Code	Grant* (Requires Initials Below)
REG Regular	72.00	\$ 1,584.00		
HOL/HLS Holiday Pay	8.00	\$ 176.00		
PLS/SLP Paid Leave	2.35	\$ 51.70		
Other (Explain Below): <u>FLWP (LWOP FMLA)</u>	<u>21.65</u>	<u>\$ 476.30</u>		

NOTE: All hourly employee payments require additional information (box below) and supporting documentation.

Explanation/Additional Information: Employee returned from extended leave early but neither employee or supervisor removed the prepopulated leave hours from timesheet prior to the deadline. Need to remove Paid Leave and FMLA LWOP. Employee will experience significant financial hardship and cannot wait for error to be corrected on next payroll.

I hereby certify that I process the payroll for my department and that information supplied herein is true and correct. Where applicable, I have reviewed a timescard signed by the employee's supervisor.

Jane Doe

Signature of Department Payroll Coordinator

I hereby certify, to the best of my knowledge, this employee or temporary worker is entitled to pay as indicated and all leave taken since the last payroll (if applicable) is included with this report. Furthermore, I certify that this supplemental pay (if applicable) is in accordance with HSC Administration Policy, Special Payment Request, [Section 312](#).

Dr. Pebbles

Signature of Department Head

*Grants & Contracts Accounting Initials: _____

**HR Compensation Initials: _____

Updated: 08/21/2024

OU Pay Form Examples

Adjustment Test Message
Adjustments Status (Approved, Not Processed)

Adjustments Pay Period Details

Adjustments Input Summary																	
	Week 1								Week 2								
Hours Type	Sun 06/30	Mon 07/01	Tue 07/02	Wed 07/03	Thu 07/04	Fri 07/05	Sat 07/06	Week Total	Sun 07/07	Mon 07/08	Tue 07/09	Wed 07/10	Thu 07/11	Fri 07/12	Sat 07/13	Week Total	Total
Holiday Pay					8.00			8.00								0.00	8.00
Totals:	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00
Paid Summary																	
Holiday Pay					8.00			8.00								0.00	8.00
Paid Summary NET																	
Leave Without Pay FMLA		-5.65	-8.00	-8.00				-21.65								0.00	-21.65
Paid Leave		-2.35						-2.35								0.00	-2.35