



# GME ONLY - Leave Load Form

## INSTRUCTIONS

This form is intended to load Graduate Medical Education (GME) leave. This includes GME and MPC leave types as provided in GME policies.

### **Submission of the Form:**

1. All forms must be complete to include the top of the form, the number of hours (+/-) on the relative leave line. Required signatures for ALL forms include the Program Director, Program Coordinator, and relative GME Office (OKC or Tulsa).
2. The approved TAL Adjustment Form must then be emailed to Payroll Services, [payroll-services@ouhsc.edu](mailto:payroll-services@ouhsc.edu) or fax to 405-271-2057, for processing.



# GME ONLY - Leave Load 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: \_\_\_\_\_ Full Timesheet Group: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Program Coordinator Name: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Check applicable boxes. Indicate the specific amount to be added or subtracted from the employee's balance.

MPC Leave Hours: \_\_\_\_\_

GME Vacation Hours: \_\_\_\_\_

Leave Effective Date: \_\_\_\_\_

Additional Information:

\_\_\_\_\_  
Program Director Signature/Date

\_\_\_\_\_  
Program Coordinator Signature/Date

\_\_\_\_\_  
GME Office Signature/Date