



The University of Oklahoma
Health Sciences Center

TAL Adjustment Form

INSTRUCTIONS

This form is intended for manual TAL corrections.

Prior Period Adjustments:

Use this section of the form for timesheet corrections no longer available in TAL (more than three periods in the past). If a correction needs to be made on a recent pay period that is still open for adjustments in TAL, please do so online instead of submitting this form. There are instructions in the [TAL Supervisor Manual](#) for completing a prior period adjustment in TAL. If the period is no longer available, submit this form with details of the correction(s) that need to be made. NOTE: this section of the form requires a signature from the employee whose timesheet is being adjusted.

Leave Balance Adjustments:

Use this section of the form for balance adjustments due to system accrual issues. If an employee's balance is incorrect due to incorrectly reported time (not clocking hours, incorrect PTO entry, etc), then a prior period adjustment should be performed to correct the timesheet which will correct the balance automatically systematically.

Paid Leave Payout Adjustment:

Use this section of the form to document a PTO payout is not allowed per SPNSR funding (this is a rare occasion), or to override the chartfield that PTO payout will pay from. PTO payouts will automatically use the last funding spread on the position when the employee vacated the position.

Submission of the Form:

1. All forms must be complete to include the top of the form, one of the three relative boxes and all signatures at the bottom of the form. Required signatures for ALL forms include the Supervisor, Payroll Coordinator, and HR Leave Coordinator (in Core HR, not the department HR Coordinator).
2. The approved TAL Adjustment Form must then be emailed to Payroll Services, payroll-services@ouhsc.edu or fax to 405-271-2057, for processing.



TAL Adjustment Form

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

Today's Date: _____ **Full Timesheet Group:** _____

Employee ID: _____ **Employee Name:** _____

Supervisor's Name: _____ **Payroll Coordinator Name:** _____

PRIOR PERIOD ADJUSTMENT: Please describe in detail in the box below the prior period adjustment information that you request Payroll Services to make. Include all date(s) where data needs to be changed. Please attach more detail if needed.

Employee Signature (required): _____

TAL LEAVE BALANCE ADJUSTMENT: Check applicable boxes. Indicate the specific amount to be added or subtracted from the employee's balance. ☐ PTO: _____ ☐ ESL: _____

☐ Sick Leave*: _____ ☐ Vacation Leave*: _____ ☐ Holiday: _____

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

Date(s) Leave Error(s) Occurred: _____

Reason for Adjustment:

PAID LEAVE PAYOUT ADJUSTMENT:

☐ Leave payout not allowed per SPNSR funding. **Grants & Contracts Signature (required)** _____

☐ Change payment source

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

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

Supervisor Signature/Date

Payroll Coordinator Signature/Date

Human Resources Leave Coordinator Signature/Date