

TAL Adjustment Form

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

Today's Date: 01/01/2022

Full Timesheet Group: DEPT-LastName-EMPID

Employee ID: EMP ID

Employee Name: John Doe

Supervisor's Name: Jane Doe

Payroll Coordinator Name: Jill Doe

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: MM/DD/YYYY

ePAF Executed Date: MM/DD/YYYY

HR Combination Code (chartfield code for payment, not chartfield spread): 000099999

Supervisor's Signature 01/01/2022
Supervisor Signature/Date

PC's Signature 01/01/2022
Payroll Coordinator Signature/Date

HR's Signature 01/01/2022
Human Resources Leave Coordinator Signature/Date