

# TAL 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: 01/01/2022

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\*: +120  Vacation Leave\*: +120  Holiday: \_\_\_\_\_

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

Date(s) Leave Error(s) Occurred: MM//DD/YYYY (Date of incorrect accrual)

Reason for Adjustment:

This employee started the program late and missed the automatic accrual for sick and vacation.

**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'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