



# Leave Adjustment Request Form

This form must be completed and signed by the employee's Payroll Coordinator or the OUHSC Benefits Office.

**Today's Date:** \_\_\_\_\_

**HR Dept (Org):** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Payroll Coordinator Signature:** \_\_\_\_\_

**Supervisor's Employee ID:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Supervisor's Phone:** \_\_\_\_\_

Instructions: Check the field(s) below that require an adjustment. To the right of each field, indicate the specific amount to be added or subtracted from the employee's balance. Do not enter the employee's total balance in these fields.

Paid Time Off (PTO): \_\_\_\_\_

Sick Leave: \_\_\_\_\_

Extended Sick Leave (ESL): \_\_\_\_\_

Compensatory Time: \_\_\_\_\_

Vacation Leave: \_\_\_\_\_

Banked Holiday: \_\_\_\_\_

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

### **Reason for Adjustment:**

Transfer from Norman

Other Error in Balance

### **Description of Error:**

*(Please provide as much detail as possible)*

### **Payroll Services**

(p) 405-271-2055

(f) 405-271-2057