

Date: \_\_\_\_\_

\_\_\_\_\_ **Academic Personnel**\_\_\_\_\_ **TEAMS**\_\_\_\_\_ **USPS**Send completed form to Leave Administration, PO Box 115001, Gainesville, FL 32611  
or fax to 846-3058.**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ College/Division: \_\_\_\_\_

emplID: \_\_\_\_\_ Department ID#: \_\_\_\_\_

Empl Rec #: \_\_\_\_\_ Pay Group: \_\_\_\_\_

**LEAVE BALANCE ADJUSTMENTS (INCLUDE PAY PERIOD DATES, IF APPLICABLE):****Reason for Adjustment:****Adjustment Hours:**

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

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

\_\_\_\_\_ Personal Leave Days (TEAMS/Academic Personnel)

\_\_\_\_\_ Personal Holiday (USPS)

\_\_\_\_\_ Overtime Compensatory Leave

\_\_\_\_\_ Regular Compensatory Leave

\_\_\_\_\_ Special Compensatory Leave

**Cash Out of Regular Compensatory Leave:**

\_\_\_\_\_ Number of Hours

**APPROVED BY:**\_\_\_\_\_  
Dean, director, chairperson, or designee signature\_\_\_\_\_  
Vice president signature \*\_\_\_\_\_  
Dean, director, chairperson, or designee title (typed)

\* Required for payment of regular compensatory leave

Please note: A "designee" must have been designated in writing to Leave Administration by the dean, director, or chairperson.

Contact person's name: \_\_\_\_\_

Title: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW****Approved by Leave Administration**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

## **Purpose**

This form is used to request an adjustment of an employee's leave balance(s). The most common reasons to use this form are noted below.

## **Reasons for leave balance adjustments**

- To provide an employee with leave balances that have transferred from a state agency or Santa Fe Community College, as appropriate.
- To provide an employee who has been rehired by UF within 180 days with his/her prior annual and/or sick leave balances provided the employee did not receive a settlement (cash-out) for such balances. If the employee did receive a settlement, the employee may repay the settlement(s) and have the appropriate leave restored through use of this form and in accordance with university policy.
- To decrease a manually accrued leave balance (special, regular, or overtime compensatory leave). If a manually accrued leave balance needs to be increased, an adjustment should be made by the departmental timekeeper through the on-line payroll certification process.

## **Instructions**

1. Complete this form.
2. Have the form signed by your dean, director, chairperson, or designee.
3. All forms should be submitted to Leave Administration, PO Box 115001, Gainesville.

Questions may be directed to Leave Administration at 392-2477.