**BALANCE ADJUSTMENT REQUEST FORM** 

Send completed form to UF Benefits via scan/e-mail to <a href="mailto:central-leave@ufl.edu">central-leave@ufl.edu</a> or fax number 352-392-5166

UF FLORIDA

Check one:FacultyT	TEAMS	USPS
EMPLOYEE INFORMATION Name:	College/Divisio	n:
emplID:	Department ID#	#:
Empl Rec #:	Pay Group:	
LEAVE BALANCE ADJUSTMENTS (INCLUDE PAY Reason for Adjustment:	PERIOD DATES,	IF APPLICABLE):
Adjustment Hours:	Cash Out	of Regular Compensatory Leave:
Vacation Leave	N	lumber of Hours
Sick Leave		
Personal Leave Days (TEAMS/Academic Pers	onnel)	
Personal Holiday (USPS)		
Overtime Compensatory Leave		
Regular Compensatory Leave		
Special Compensatory Leave		
Paid Parental Leave Repayment		
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 designate chairperson.	ed in writing to Leav	e Administration by the dean, director, or
Contact person's name:		
Title:		
Campus Address:		
Phone:		
Date:		
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 College, as appropriate.
- To provide an employee who has been rehired by UF within 180 days with his/her prior sick leave balance, provided the employee did not receive a settlement (cash-out) for such balance. 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 <u>increased</u>, an adjustment should be made by the departmental timekeeper through the on-line payroll certification process.
- To repay hours used for UF Paid Parental Leave.

## Instructions

- 1. Complete this form.
- 2. Have the form signed by your dean, director, chairperson, or designee.
- 3. Send completed form to UF Benefits via scan/e-mail to central-leave@ufl.edu or fax number 352-392-5166

Questions may be directed to UF Benefits at 352-273-2840.