



FLORIDA STATE UNIVERSITY
 OFFICE OF HUMAN RESOURCES
 282 Champions Way
 PO Box 3062410
 Tallahassee, FL 32306-2410
 Phone: (850) 644-6034
 Fax: (850) 645-9510

Department Leave Audit Form

For department use only - copies should be retained by the employee and by the department in the employee's personnel file. Do not submit to Human Resources. Please follow retention guidelines for supporting leave records and other documents.

Employee Name: _____ **Employee ID:** _____

Department Name: _____ **Dept ID:** _____

Audit covers the period from _____ **to** _____ **Audit Completion Date:** _____

Leave Balances as of: _____

Annual (Vacation):		Hours
Compensatory Leave (Overtime):		Hours
Compensatory Leave (Straight-time):		Hours
FMLA:		Hours
Personal Holiday:		Hours
Sick Leave Pool:		Hours
Sick:		Hours

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| 1. If department uses paper timesheets, are they all accounted for during this audit period?
<i>If no, you must account for all pay and leave reports before final certification.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has all time and/or leave been entered into OMNI for this audit period?
<i>If no, you must enter all leave before final certification.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the department agree with the leave balances on the FSU_TL_LEAVE_BALS_EEquery for the date of the audit? <i>If no, complete a leave audit from the last known correct pay period.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the employee agree with the leave balances shown?
<i>If no, a leave audit must be completed from the last known correct pay period.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Employee Acknowledgement (required)

I have reviewed my leave accruals and usage and agree with the above leave balances recorded for me as of the date shown.

Employee Signature **Date**

Supervisor & Department Acknowledgement (required)

I certify that the employee's leave accruals and usage have been audited for the period above. A copy of this leave audit form has been given to the employee and attached to the employee's pay and leave reports (if appropriate) and placed in the employee's departmental file. All time and leave has been entered correctly in OMNI and all appropriate pay and leave reports are accounted for by the department. The Department Head and Human Resources have been notified of any time and leave concerns.

Supervisor Name (Print) **Supervisor Signature** **Date**

Department Rep Name (Print) **Department Rep Signature** **Date**