



Human Resources
 282 Champions Way
 PO Box 3062410
 Tallahassee, FL 32306-2410
 Phone: 850-644-9610
 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.

Retention guidelines for leave records and other documents can be found at FSU Policies and Procedures OP-F (<http://policies.vpfa.fsu.edu/policies2.html#ri>).

Employee Name: _____

Employee ID: _____ Record Number: _____

Department Name: _____ Dept ID: _____

Audit Completion Date: _____

Audit covers the period from _____ to _____

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)

- 1) If department uses paper timesheets, are they all accounted for during this audit period?
 Yes No N/A
 (If no, you must account for all pay and leave reports before final certification)

- 2) Has all time and/or leave been entered into OMNI for this audit period?
 (If no, you must enter all leave before final certification) Yes No

- 3) Does the department agree with the leave balances on the FSU_TL_LEAVE_BALS_EE query for the date of the audit?
 Yes No
 (If no, you must complete a leave audit from the last known correct pay period.)

- 4) Does the employee agree with the leave balances shown? Yes No
 (If no, a leave audit must be completed from the last known correct pay period.)

Employee:

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 and Department Rep:

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 Signature

Department Rep Signature

Supervisor Name (print)

Department Rep Name (print)

Date

Date