

**EMPLOYEE LEAVE CORRECTIONS
OKLAHOMA STATE UNIVERSITY**

HOME DEPT. ALPHA/NUMERIC	DEPARTMENT TITLE		DATE DD/MM/YYYY
EMPLOYEE ID NUMBER	EMPLOYEE NAME	EARNED AS OF DD/MM/YYYY	TAKEN AS OF DD/MM/YYYY
ANNUAL LEAVE BALANCE	SICK LEAVE BALANCE	COMPENSATORY LEAVE BALANCE	
COMMENTS			
THIS FORM PREPARED BY	PHONE	SIGNATURE OF THE DEPARTMENT HEAD	

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