

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.

En	mployee Name:		Employee ID:		
Department Name: Audit covers the period from to			Dept ID: Audit Completion Date:		
	Annual (Vacation): Compensatory Leave (Over Compensatory Leave (Strai FMLA: Personal Holiday: Sick Leave Pool: Sick:	ght-time):	Hours Hours Hours Hours Hours Hours Hours Hours Hours	YES NO N/A	
1.	If department uses paper timesheets, are they all a If no, you must account for all pay and leave repo				
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.				
3.	Does the department agree with the leave balance of the audit? <i>If no, complete a leave audit from th</i>				
4.	Does the employee agree with the leave balances of the first and the leave audit must be completed from the		ect pay period.		
	Employee A	cknowledgemen	t (required)		
ı	have reviewed my leave accruals and usage and agree			the date shown.	
En	mployee Signature Date				
	Supervisor & Depart	ment Acknowled	gement (required)		
	I certify that the employee's leave accruals and usage has been given to the employee and attached to the employee's departmental file. All time and leave ha reports are accounted for by the department. The De	nave been audited e employee's pay a s been entered co	for the period above. A copy of this and leave reports (if appropriate) and rectly in OMNI and all appropriate	d placed in the pay and leave	
Su	upervisor Name (Print)	Supe	visor Signature	Date	
Department Rep Name (Print)		 Depa	rtment Rep Signature	Date	