TO BE USED FOR EMPLOYEES WITH ADDITIONAL PAY

EXCEPTION TO NORMAL PAY (ENP)

OKLAHOMA STATE UNIVERSITY

PAYROLL SIGNUP FORMS MUST BE ATTACHED FOR NEW EMPLOYEES OR THE FORM WILL BE RETURNED TO THE ORIGINATING DEPARTMENT.

EMPLOYEE ID NUMBER	EMPLOYEE NAME (Last, First, Middle)	ECLASS	PAYING ORGANIZATION
		1G	
POSITION CLASS	TITLE	ORG	ANIZATION NAME

	PERIOD (N	IMDDYYYY)	EARNINGS				FUND	ING	
SUFFIX	FROM	то	CODE	HOURS	AMOUNT	FUND	ORGN	ACCT	LOCN
0	05012019	05312019	170	8.00	18.515741		•	602220	1.
						-			
						-			<u> </u>
			Totals					<u> </u>	.
		SUFFIX FROM		SUFFIX FROM TO CODE	SUFFIX FROM TO CODE HOURS	SUFFIX FROM TO CODE HOURS AMOUNT	SUFFIX FROM TO CODE HOURS AMOUNT FUND	SUFFIX FROM TO CODE HOURS AMOUNT FUND ORGN	SUFFIX FROM TO CODE HOURS AMOUNT FUND ORGN ACCT

Description of Work Performed: Employee has resigned and moving out of state to a new employment. Last day will be 5-17-2019 at 5:00 p.m. Pay balance of Annual Leave

Remarks:		CERTIFICATION: I have first hand knowledge of the activity described above. I certify that it is a reasonable estimate of the work performed, documented, and completed.	
If the employee is a non-U.S. citizen, verify prior to employment that the hours worked will not cause the employee to exceed work hours authorized by the work permit.	C	7	419
This form prepared by: Name Phone Date		>2 -2	9

Employee Leave Balances PEALEAV 9.3.7 (PROD) (OSU)

Leave Code	Leave Codé Description	Day or Hour	Total Begin Balance	Total Accrued	Total Taken	Current Available	ailable Total Banked	u
1ANN	Annual	I	-	11.69	100,00	101.69	10.00	
2SCK	Sick	I	-	34.88	146.70	154,00	27.58	0.00
4XSR	XSck(Rt)	I		0.00	0.00	0.00	0.00	0.0
5UNP	UnPd Lv	I		0.00	10.81	10.81	0.00	. 0.1
HTO6	OtherLv			-19.00	0,00	51.31	-70.31	0.00
FMLA	FMLA	I		0,00	0.00	0.00	0.00	0.0
UL1	Lino .	I		0.00	0.00	0,00	0.00	0.0