Faculty Leave Balance Certification for Transition from HRMS to OMNI

(Note: All future audits will be from the date of this certification forward.)

Faculty Member Name: _____

Employee ID: _____

Position Title/Number: _____/_____

Department: _____

Annual Leave Balance: _____

Sick Leave Balance(s): _____ _____
Pre-Oct 1, 1973 Post-Oct 1, 1973

I certify that the above leave balances are accurate as of this date.

_____ _____
Department Representative Signature Date

I have received a copy of the certification:

_____ _____
Faculty Member Signature Date

cc: Department File
Office of the Dean of the Faculties
Faculty Member