PAYROLL ADJUSTMENT FORM

This form is used to make adjustments in prior pay periods. Adjustments should be submitted as soon as the error is discovered, but no later than 10:00 am on the Monday following the close of the pay period in order to ensure the adjustments will be reflected on the employee's next paycheck.

EMPLOYEE NAME		**EMPLOYEE ID #**	
DEPT ACCT # (EXAMPLE: 1520-417)		**PAYCHECK DATE WITH ERROR**	
DEPT NAME		**CONTACT PHONE #**	

DATE TO BE ADJUSTED	ORIGINAL PAY CODE	REVISED PAY CODE	ORIGINAL HOURS AMOUNT	REVISED HOURS AMOUNT

REASON FOR ADJUSTMENT: **(REQUIRED)**	

**If you need additional rows, please attach a second page.*

Supervisor's Approval: _____ Date: _____

Employee's Approval: _____ Date: _____