

UNIVERSITY OF RHODE ISLAND
IN-HOUSE PAYROLL ADJUSTMENT FORM

IP2 (12/14)

EMPLOYEE NAME _____ DEPARTMENT NAME _____

EMPLOYEE EMPL ID _____ JOB EMPL RECORD #: _____

Instructions:

1. This form is to be used to request adjustments to distributed payroll charges after a payroll is processed.
2. Complete the comment section by identifying the reason for the adjustment.
3. Complete the signature section where applicable. Retroactive adjustments to grants and contracts must be approved by Office of Sponsored Projects.
4. Include copies of Account Distribution Reports with the incorrect charge(s) highlighted.
5. Do not include FICA charges. They will be automatically transferred when salary adjustments are processed.

Adjustment Requests

Pay Period End Date	FROM:					DOLLAR AMOUNT	TO:				
	Fund	Department	Program	Project	Account		Fund	Department	Program	Project	Account
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					

Comments: _____

Effort Certification and Signatures:

I certify the adjustments requested are required to correct the distribution of payroll charges and the resulting charges represent a reasonable estimate of the actual effort expended during the pay period being adjusted.

Originator: _____ Date: _____

Business Manager/Director: _____ Date: _____

Office of Sponsored Projects: _____ Date: _____