



MONTHLY PAYROLL ADJUSTMENT FORM

All fields are required

Banner ID		Date Prepared	
Employee Name		Position & Suffix	
Employee's Dept.		Employee's Org Code	
Preparer's Name		Preparer's Phone #	
Pay Period of Adjustment	5R _____ Year _____		
Check One	<input type="checkbox"/> Employee Overpaid <input type="checkbox"/> Employee Underpaid		
Adjustment Details	Provide a detailed description of what needs to be adjusted. Attach an additional sheet if space is limited. i.e. Due to a revised contract, need to pay increase for previous month(s). Include who requested the adjustment.		
Business Process Change	Explain WHY the adjustment is necessary. What happened or hasn't happened to cause the need for the adjustment: Describe how the <i>root cause</i> of the adjustment will be prevented in the future:		

Employee's Signature _____

Date ____/____/____

Supervisor's Signature _____

Date ____/____/____

Dean, Director or Dept. Chair's Signature _____

Date ____/____/____

Employment Area Use Only		
If below adjustment reason code is 3DPT or 5DAE Department Signature is required above.		
Adjustment Reason Code:		Employment Area Comments
Initialed by Employment Area for Approval:		
Special Payment Instructions to Payroll: <small>(An adjustment requires special processing and is not included as part of an employee's regular monthly payroll. Unless special instructions are provided, the adjustment will be processed in the order that it is received.)</small>		
Payroll Office Use Only (Deliver to: UNM Payroll Office at MSC01 1230)		
PR Prepared by and Date:		Payroll Comments
Adjustment Reason Code:		
PHAADJT by and Date:		
Intellichek by and Date:		
Check/DD Number:		