

PAYROLL ADJUSTMENT FORM

Employee #: _____

Employee Name: _____

Dept #: _____

The following information is to report prior payroll corrections/adjustments. This form should be completed by the Official/Dept. Head and submitted to the Personnel Office for review. Personnel Office will forward to Payroll Department for entry in payroll processing.

Note: Multiple adjustments may be entered on one Payroll Adjustment Form.

ORIGINAL TIME ENTERED		
Date	Activity Code	# of Hours

CORRECT TIME ENTRY <i>should have been</i>	
Activity Code	# of Hours

<i>Date Adjustment Entered in Payroll*</i>

ACTIVITY ENTRY CODES

R - Regular

C/O - Callout

V - Vacation

C - Catastrophic

F - Vac-FMLA

WC - WC-LWP

H - Holiday

C/Ovt - Callout Ovt

B - Bereavement

LWP - Leave without Pay

F - Sick-FMLA

WC - WC-Sick

OT - Overtime

S - Sick

J - Jury/Court/Witness

P - Parental

M - Military

** Payroll Department will enter the date the adjustment was made via Manual Payroll Entry.*

Employee Signature: _____

Official/Dept. Head Signature: _____

Personnel Office Signature: _____