



Payroll Adjustment Form

First Name	Middle Initial	Last Name	Social Security Number
Client Name			Today's Date

Adjustment to be Made For <input type="checkbox"/> Payroll Period or <input type="checkbox"/> Check Date ending on: _____.	
<input type="checkbox"/> Regular Hours Missing _____	<input type="checkbox"/> Overtime Hours Missing _____
<input type="checkbox"/> Retro Pay \$ _____ Hours: _____	<input type="checkbox"/> Issue Separate check
<input type="checkbox"/> Stop Payment Check Date: _____ \$30.00 fee will be deducted from reissued check.	<input type="checkbox"/> Cancel Direct Deposit New Direct Deposit form required to cancel account.

Action to be taken	
<input type="checkbox"/> Please Pay on <u>Next</u> check	<input type="checkbox"/> Please Cut Check Immediately
Delivery Method for Immediate check issue	
<input type="checkbox"/> FedEx (\$20.00 Additional Fee)	<input type="checkbox"/> US Mail or Pick Up at processing office (No Fee)
Note: There will be a \$35.00 service charge for processing checks immediately	

Payroll Withholding Agreement – Non company property
<input type="checkbox"/> Employee Loan <input type="checkbox"/> Register Shortage <input type="checkbox"/> Employee Purchase <input type="checkbox"/> Other _____
I authorize my employer to withhold the amount of \$ _____ per pay period, commencing on _____ for a total balance of \$ _____ and remit this amount to above client for payment. This withholding will continue until paid in full.
*Note: Copies of legal documents, such as Garnishment and IRS Levy's, must follow for deduction instructions and payment address.

Employee's Signature Date

Supervisor's Signature Date