



STUDENT PAYROLL ADJUSTMENT FORM

Employee Name _____				Employing Department _____			
CWID _____		Pos # _____		Name of Supervisor _____			
Job Title: _____		Fund _____		Org _____		Program _____	

DATES AND TIMES OF HOURS WORKED TO BE PAID IN THE ADJUSTMENT

(Hours may be shown in 15 minute intervals ONLY)

Date	In	Out	In	Out	In	Out	Hours	Date	In	Out	In	Out	In	Out	Hours

Total Hours to be Paid _____

I certify that I have worked the hours shown above

Employee's Signature

Date

Justification for Adjustment (to be completed by the supervisor): _____

Must have all three signatures below:

For Payroll:

Hours Worked: _____

Rate of Pay: _____

Gross Earnings: _____

Earnings Code Used: _____

Supervisor's Signature _____

Date _____

Dean/Dept Head Signature _____

Date _____

Vice President Signature _____

Date _____