



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 |
|------|----|-----|----|-----|----|-----|-------|------|----|-----|----|-----|----|-----|-------|
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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 _____