



## Employee Payroll Adjustment Request Form

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Employee ID #: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

### ADJUSTMENT INFORMATION

Reason for Pay Adjustment:

### ADJUSTMENT DETAILS

Pay Period End Date : \_\_\_\_\_ Total # of hours to Adjust: \_\_\_\_\_

Dates to adjust (mm/dd): \_\_\_\_\_ Funding Account #: \_\_\_\_\_

### SIGNATURES

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_