



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: _____