

# Payment Adjustment Form (Exempt)



Last Name:	Campus:	Date Prepared:
First Name:	Department:	Employee Type:
CWID:	Title:	Reason:

Pay Period Begin Date:	Pay Period End Date:
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	Check if Revised	Vacation	Sick	Personal	Unpaid	Other (Specify in Comments)	Total Hours
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Week 1 Total							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Week 2 Total							
Pay Period Total							

Comments:

**Approvals:**

\* Approver \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Extension \_\_\_\_\_

\* Employee \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

\* All forms require approvals from Employee and Approver before submission to Payroll department.  
 Print completed form and send to Payroll department, Main Building 205.

**For use by Payroll:**

Payroll ID \_\_\_\_\_ Position Control Number \_\_\_\_\_ Suffix \_\_\_\_\_ Org Code \_\_\_\_\_