

Payment Adjustment Form (Non-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	Regular	OT 1.0	OT 1.5	Vacation	Sick	Personal	Unpaid (Specify in Comments)	Other	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 _____