

Payment Adjustment Form (Time In/Time Out)



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	Time In	Lunch Out	Lunch In	Time Out	Hours	OT 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 _____