

Payroll Adjustment Request Form

Employee Number		Employee Name	
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Pay Period Date Range		Payroll Adjustment Tracking Number	
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Form Completed By		Extension		Pay Period	
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	Overpayment		Underpayment		Accrual Adjustment	
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	SICK	VACATION	COMP	FLOATING	OTHER LEAVE	
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Accrual Adjustments <i>(Insert # of Hrs.)</i>	Deduct					
	Credit					

Hourly Rate of Pay	
Base Hourly Rate	
Longevity Pay	
Education Pay	
Identify Hourly Differential	
Identify Hourly Differential	
Total Hourly Rate	\$ -

Calculations

Adjustment details per FENIX pay code	
<i>(Indicate each pay code individually, include date, time, hours, amount, etc.)</i>	

Justification of why adjustment is necessary	
<i>(Explain what happened - Indicate pay period, dates, punch in and out times, etc.)</i>	

Steps taken to prevent issue from occurring in the future	
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The signatures below indicate authorization of the above adjustments to be made on the next available pay period.

EMPLOYEE SIGNATURE:	Date
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REQUIRED ON ALL ADJUSTMENTS

SUPERVISOR SIGNATURE:	Date
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REQUIRED ON ALL ADJUSTMENTS

DEPARTMENT HEAD:	Date
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REQUIRED ON ALL ADJUSTMENTS

RECEIVED BY PAYROLL:	Date
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REQUIRED ON ALL ADJUSTMENTS