

Pay Adjustment Form

For Internal Use only HR/PR

Please retain a copy for your records

Name _____	Date Prepared _____
M00# _____	
Position _____	

Original Pay Period(s) to be corrected _____

Payroll Type EM MD SE

Actual Gross Paid \$ _____	Should have been paid \$ _____	Difference \$ _____
<input type="checkbox"/> Verified with PHICHEK		<input type="checkbox"/> Owed <input type="checkbox"/> (Docked)
Deduction Taken \$ _____	Should have been \$ _____	Difference \$ _____
<input type="checkbox"/> Verified with PHICHEK		<input type="checkbox"/> Owed <input type="checkbox"/> (Docked)

Change Order # _____ Semester _____ Change Order Date _____

Effective Date: _____ CRN: _____ Teaching Units _____

Reason/
explanation for
adjustment

Total amount to adjust = Plus (Minus)	_____
Amount of adjustment per pay period	_____
Number of pay periods to be adjusted	_____

HR Authorization for adjustment	_____
Fiscal Authorization for adjustment	_____

For Payroll Use Only	
PR Adjustment Code	_____
Pay Period adjusted by PR	_____
PR Adjustment made by	_____
Additional Comments	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>