PAYROLL ADJUSTMENT FORM

NAME_____ DEPARTMENT_____

PAYROLL DATE NEEDING ADJUSTED_____

WHAT NEEDS ADJUSTED (CHECK ONE)

- REGULAR HOURS
- OVERTIME HOURS
- LONGEVITY
- VACATION
- SICK
- PERSONAL
- FLOATING
- COMP
- OTHER_____

AMOUNT OF TIME NEEDING ADJUSTED _____HOURS☐_____MINUTES☐

- TIME NEEDS ADDED
- TIME NEEDS DEDUCTED

DETAILED REASON FOR ADJUSTMENT_____

_____

_____

EMPLOYEE SIGNATURE_____DATE_____

DEPT HEAD SIGNATURE_____DATE_____