



PAYROLL ADJUSTMENT FORM

Employee Name: _____ / _____ Employee I.D.: _____
Last First

Department: _____ Position: _____

Type of Payroll: Student Bi-Weekly Semi-Monthly

Pay Period To Be Adjusted For: _____

Adjustment Requested For: Overpayment Underpayment Missing Payment
GL Change/Correction Other: _____

Hours: _____ Amount Per Pay: _____ # Of Pay Periods: _____

Reason For Adjustment:

Employee Signature

Date (mm/dd/yyyy)

Supervisor/Grantee Approval (Please Print)

Signature

Manager/Dean/Dept Approval (Please Print)

Signature

Manager/Dept/Dean Approval Date: _____
mm/dd/yyyy

Submit Form To: Payroll Department. Any inquiries should be directed to this department at (519) 253-3000 ext. 2135