



University
of Windsor

Payroll PA06

PAYROLL ADJUSTMENT FORM

Employee Name: _____ / _____ Employee Number: _____

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

Supervisor Signature

Date

Manager/Dean/Department Signature

Date

Submit Form To: Payroll Department. Any inquiries should be directed to the Payroll department as payroll@uwindsor.ca.