



SALARIED (EXEMPT) EMPLOYEE PAYROLL ADJUSTMENT FORM

Employee Name _____		Employing Department _____	
CWID _____	Pos # _____	Name of Supervisor _____	
Index _____	OR	Fund _____	Org _____ Program _____

DATES OF WORK ASSIGNMENT TO BE PAID IN THE ADJUSTMENT

Begin Date	End Date	Amount to be paid in adjustment
Total Adjustment Amount		

I certify that I have worked the hours shown above _____ Date _____

 Employee's Signature

Justification for Adjustment (to be completed by the supervisor): _____

For Payroll:
Hours Worked: _____
Rate of Pay: _____
Gross Earnings: _____
Earnings Code Used: _____

Supervisor's Signature _____	Date _____
Dean/Dept Head Signature _____	Date _____
Vice President Signature _____	Date _____