



STUDENT PAYROLL ADJUSTMENT FORM

Employee Name _____	Employing Department _____
CWID _____	Name of Supervisor _____
Job Title: _____	Pos # _____

DATES AND TIMES OF HOURS WORKED TO BE PAID IN THE ADJUSTMENT

(Hours may be shown in 15 minute intervals ONLY)

Date	In	Out	In	Out	In	Out	Hours	Date	In	Out	In	Out	In	Out	Hours

Total Hours to be Paid _____

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

Employee's Signature

- Timesheet Not Available - Hiring Proposal not completed on time
- Timesheet Not Available - Employee began working prior to approved date
- Timesheet Not Submitted
- Correction for prior payroll
- Correction from Human Resources

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

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

Must have all three signatures below:

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