



# Payroll Adjustments Form

Employee Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Employee ID# \_\_\_\_\_ Job Code \_\_\_\_\_

## Timekeeping Feedback Section

This section is for initiating or changing the work schedule for an employee. In the "X" column next to the corresponding date, please specify the necessary code.

### (N)ew hire/Schedule (S)chedule Change

	X	Sun	X	Mon	X	Tue	X	Wed	X	Thur	X	Fri	X	Sat
Date														
Time In														
Time Out														

## Time Off/Buy Back Request

This section is for the payment of authorized time off options listed below as well as to Buy Back accrued vacation and illness time. In the "X" column next to the corresponding From/To date, please specify the necessary letter code:

Please indicate (A)dd (C)orrect in the "X" column

REQUEST TIME OFF	X	DATES		TOTAL HOURS	BUY BACK YES (X) NO		TOTAL HOURS
		FROM	TO				
VACATION							
ILLNESS							
BIRTHDAY							
JURY DUTY							
BEREAVEMENT							
HOLIDAY							
DUAL RATE							
OTHER							

Please explain reason for pay adjustment here: \_\_\_\_\_

## Authorization

This request must be filled out completely and have proper authorized signature for further processing:

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Payroll Department Use Only

Processed by \_\_\_\_\_ Date \_\_\_\_\_

Payroll Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_