



### HOURLY (Non-Exempt/Student) EMPLOYEE PAYROLL ADJUSTMENT FORM

Employee Name _____	Employing Department _____
CWID _____	Pos # _____
Name of Supervisor _____	

#### 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

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

- PAF not approved in time
- Employee began working too early
- Prior earnings
- Correction submitted by HR
- Timesheet not opened/submitted

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 _____