



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

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

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): _____

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 _____