

Use this to request corrections or adjustments for prior period payments. Payment requests will be processed for inclusion in the individual's next regularly scheduled paycheck. Completion guidelines can be found on Payroll page of HR site.

Employee Information			
Employee Name		Employee ID	
Employee Record #		Pay Group	
Department Information			
Department ID		Dept Name	
Initiator Name		Initiator Phone	

Payment Correction or Adjustment				
<i>Attach additional pages if needed.</i>				
Earnings Type		Hours		Rate
Start Date		End Date		Total Amount
Earnings Distribution	Center Number		Job Code	Amount
	Center Number		Job Code	Amount
	Center Number		Job Code	Amount
	Center Number		Job Code	Amount

Payment Correction or Adjustment				
Earnings Type		Hours		Rate
Start Date		End Date		Total Amount
Earnings Distribution	Center Number		Job Code	Amount
	Center Number		Job Code	Amount
	Center Number		Job Code	Amount
	Center Number		Job Code	Amount

Payment Correction or Adjustment				
Earnings Type		Hours		Rate
Start Date		End Date		Total Amount
Earnings Distribution	Center Number		Job Code	Amount
	Center Number		Job Code	Amount
	Center Number		Job Code	Amount
	Center Number		Job Code	Amount

Business Justification for Correction or Adjustment	
<i>Forms without a business justification will be returned to the initiator and result in payment delays.</i>	
Explain the reason for payment adjustment.	

Approval Signatures			
Effort Certification <input type="checkbox"/> I certify that I have first-hand knowledge (or have used suitable means of verifying) work performed by this individual and salary distribution prior to the effective date of this change is reasonable in relation to the work performed.		Signature	Date
Role	Print Name	Signature	Date
PA HD Executor			
SigAuth PAF			
SigAuth PAF			
SigAuth PAF			