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## PAYMENT CORRECTION REQUEST Completion Guidelines

The Payment Correction Request should be used when a payroll check for any individual is incorrect. This request can be used for corrections to payroll for both exempt (salaried) and non-exempt (hourly) staff.

Reasons that a payroll check may be incorrect include:

- Not all hours reported for a given pay period; or
- An authorized increase in pay is not reflected timely. A copy of PAF for pay rate change should be included with the request.

**Note: To see a sample form with numbers corresponding to each field, refer to page 3 of this document.**

1. **Employee Name** = This should be the name in the system. No nicknames.
2. **Employee ID** = Please do not use the social security number or student ID number. If someone is a new hire in the system please wait until you have the employee ID before you submit the PCR.
3. **Employee Record #** = Employees who work more than one position will have more than one record number. Make sure you provide the correct record number for the job you are paying.
4. **Pay Group** = This is the pay cycle for which the employee is paid. (example: UM1 = University Monthly, UBA = University BiWeekly)
5. **Department ID** = This is the numerical Department identifier.
6. **Department Name** = This is the alpha name of the Department
7. **Initiator Name** = The person completing the request. This should be someone other than an authorized signer.
8. **Initiator Name** = Please place a valid phone number for the person completing the request.
9. **Earnings Type** = This is the type of pay you are trying to pay. (Example: Regular, Over Time, Bonus, Lump Sum, or PTO)
10. **Hours** = This should only be used for Non-Exempt employee's or for PTO/Sick hours. Only enter the number of hours needing to be paid. **\*\*NOTE: This is NOT the FTE for an Exempt employee.**
11. **Rate** = Exempt employees are paid by the day so this should be a daily rate. Non-Exempt are paid by the hour so the hourly rate would be used. If a Bonus or Lump Sum is being paid no rate is needed.
12. **Start and End Dates** =  
Enter the start and end dates for the pay period in which the payment should be booked. This is VITAL when requesting a payment that affects Effort Reporting (this will help you avoid processing a journal entry correction.)  
EXAMPLES:  
Bi-weekly employee: Separate out by each week with in the payroll. Sunday to Saturday Salaried employee: First day of the month (or hire date) to the last working day (or termination date) of the month.

13. **Total Amount** = This is the total of the full payment in that box.
14. **Earnings Distribution: (there are 3 boxes on the PCR so you can do up to 3 payments on one form)**
15. **Center Number** = Enter the center number to be charged here. There are 4 lines per box so that you can charge up to 4 centers for each box (payment).
16. **Job Code** = This is the 4 digit job code number.
17. **Amount** = This is the amount that you wish to charge to the center number on that line. If you are charging to multiple centers make sure the individual amounts add up to the Total Amount above.
18. **Business Justification** = Enter what the payment is for. Always make sure to enter a reason for the payment.
19. **Approval Signatures** = The signature of an authorized signer for the center(s) being charged are required. If the PCR doesn't have an authorized signer it will be rejected. Make sure to print the name of the signer and the date signed.

Note: Per the instructions at the top of the request,  
payments will be processed with the next regular payroll.

Updated 8/11/16

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 the following page.

Employee Information			
Employee Name	1.	Employee ID	2.
Employee Record #	3.	Pay Group	4.
Department Information			
Department ID	5.	Dept Name	6.
Initiator Name	7.	Initiator Phone	8.

Payment Correction or Adjustment					
<i>Attach additional pages if needed.</i>					
Earnings Type	9.	Hours	10.	Rate	11.
Start Date	12.	End Date	12.	Total Amount	13.
Earnings Distribution	15. <i>Center Number</i>		16. <i>Job Code</i>		17. <i>Amount</i>
	<i>Center Number</i>		<i>Job Code</i>		<i>Amount</i>
	<i>Center Number</i>		<i>Job Code</i>		<i>Amount</i>
	<i>Center Number</i>		<i>Job Code</i>		<i>Amount</i>

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

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

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.	18.

Approval Signatures			
<b>Effort Certification</b>		<i>Signature</i>	<i>Date</i>
<i>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.</i>			
<i>Role</i>	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
PA HD Executor			
PA Approver Center	19.		
PA Approver Center			
PA Approver Center			