

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		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				
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	Center Number	Job Code	Amount	
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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			
<b>Effort Certification</b> <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			
PA Approver Center			
PA Approver Center			
PA Approver Center			
PA Approver Center			