



## **PAYROLL ADJUSTMENT - MISCELLANEOUS**

(Time Sheet Amendment REQUIRED)

	erm Eff. Date		V	— ☐ Military Leave ☐					☐ SDI			wc s	TD - Us	e PA -	STD	
	mployee ID	Rcd No		Last Name, First Name										Pay Period(s)		
Company		Pay Gro	oup	Union Code	9	Department Name							Dept ID			
* Attach Leave Accrual and Adjustment Worksheet if reducing paid hours(reducing accruals) <u>or</u> if going back 3 or more confirmed pay periods adjusting leave time															oing back 3 or	
Leave Type		SCK		VAC		HOL		COMP		ADM		ANN/ATY			Pay Period	
Prior Balance																
Current Balance																
	[	ry / Paycheck Data		Paychec	k Da	ata Should Be			Pay Pe		eriod Dates		Requested Change(s)			
K	Earn Codes	Units/Dollars		Earn Cod	les	Units/Dollars		-	Be	egin		End	Earn Codes U		Units/Dollars	
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	ray	ron spe	cians	st Name (P	Name (Print & Sign)				Date			Telephone Numbe		Wall Code		
	Appointing Authority or Designee (Print & Sign)															
								Us	se ONL							
Workgrou		Recovery Letter				Run Query			Review Amendment			Review Leave		Review Signature		
Review P		A	Verified By			2nd Review			Keyed By			Date/Pay Period		PR Friday Review By		

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REV. PR 05/30/2017