

# PAYMENT CORRECTION REQUESTS

The request form can be found on the HR Website under Performance & Pay/Payroll Information

<https://hr.mc.vanderbilt.edu/payroll/>

Each section of the form is required to be filled out completely before submitting. Below are guidelines for completing each section:

**Employee Information:**

1. Employee Name – name of employee that is to be paid
2. Employee ID – this is the employee ID (not vunetid)
3. Employee Record # - Some employees may have multiple records and this tells us which record to use to ensure the wages are applied correctly.
4. Pay Group - so we can identify which payroll the request is to be processed with
5. Department ID and Department Name – initiating department
6. Initiator Name - name of the person requesting the payment and also the Initiator Phone so we may contact them in case any questions arise concerning the payment request.

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

**Payment Correction or Adjustment:**

1. Earnings Type – the type of earnings to be paid (ie. REG, OTP, 2SH, WDP, LMP, etc)
2. Hours – number of hours worked that need to be paid (if applicable)
3. Rate – hourly rate of pay that will be used for the calculation
4. Start Date/End Date – date range of the period worked.  
 \*\*Bi-weekly and Weekly Payrolls – The start and end dates should always to be broken down by work week (Sun-Sat)
5. Total Amount – dollar amount to be paid for hours/rate
6. Center Number/Job Code - breakdown of the amounts to be paid for each center to be charged.

Payment Correction or Adjustment				
Attach additional pages if needed.				
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:**

1. Please provide an explanation/reason for the request being made.

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

**Approval Signatures:**

1. Effort Certification must be checked and approved
2. PA HD Executor - The PCR should always have the signature and date of the PA HD Executor
3. PA Approver Center - Each center listed in the Earnings Distribution section of the Payment Correction Request must have an authorized signature for that center or the request will be rejected.
4. Signatures must be legible and not an electronic copy/stamp.

<b>Approval Signatures</b>			
<b>Effort Certification</b> <input type="checkbox"/> <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>Signature</i>	<i>Date</i>
<i>Role</i>	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
<i>PA HD Executor</i>			
<i>PA Approver Center</i>			
<i>PA Approver Center</i>			
<i>PA Approver Center</i>			
<i>PA Approver Center</i>			