

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

| 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 | | | |
| PA Approver Center | | | |
| PA Approver Center | | | |
| PA Approver Center | | | |
| PA Approver Center | | | |