PAYROLL ADJUSTMENT/LEAVE FORM

All fields are required

Employee Type

Adjustment Type

Banner ID		Date Prepared	
Employee Name		Position & Suffix	
Employee's Dept.		Employee's Org Code	
Preparer's Name		Preparer's Email	
Adjustment ID and Year		Preparer's Phone	
Adjustment Category			
Adjustment Reason			
Adjustment Code			

Pay Adjustment	
Pay Period #	**Adjustment Description (include date of original transaction and ePAF transaction number)**

Employee Signature _____

Supervisor Signature _____

Additional Dept Signature (Required if over 2 pay periods) _____

Employment Area Use Only	Adjustment Reason Code

Payroll Office Use Only	Adjustment Reason Code