

# HSCSED Payroll Adjustment Request Form

## Instructions:

*This form is used to request an adjustment to an employee's time for a pay period that has been finalized by Payroll. Changes to a finalized payroll require a manual override. The requester must provide sufficient documentation to support the change, listing specific dates and times to be corrected, and provide an explanation of why the errors to the employee's time were not corrected prior to the Approval deadline. The employee and their coordinator must sign this form. Please submit the completed form directly to the Payroll Office. All signatures are required or request is not valid.*

## Employee Information:

Name: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_

Position: \_\_\_\_\_

Building: \_\_\_\_\_

## Request Details: *Be specific*

Pay Date: \_\_\_\_\_

Change Requested:

## Explanation of Request:

Please explain why the error was not identified prior to submission and approval of the time sheet. Also, please list what preventative steps have been taken to ensure errors do not occur in the future.

## Employee Certification:

I certify that the adjustment(s) requested on this form are true and accurate.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Coordinator Signature*

\_\_\_\_\_  
*Date*

## Payroll Use Only:

Date Adjustment Made: \_\_\_\_\_

Payroll Date affected: \_\_\_\_\_

Signature \_\_\_\_\_