Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

PAYROLL ADJUSTMENTS
ADDITIONAL PAYS
(For Use Prior to 1999 Only)

☐ Active ☐ Terminated Term Eff. Date: _____

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	Department Name	Department ID	For Pay Period(s)

NOTE: PAYROLL ADJUSTMENT APPROVAL MUST BE ATTACHED

Week	Emp Paid	BL Bilingual	AO Auto	% SAC	Other _____	Other _____	Pay Period Begin	Pay Period End
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EMACS-Payroll Use Only	
Earn Code	Dollars

REASON FOR REQUEST:

Payroll Specialist Name (Print & Sign)	Telephone ( )	Date	Appointing Authority or Designee Signature	Date

Office Use Only

Coded By (Employee ID)	Supv. Review By (Employee ID)	Keyed By (Employee ID)	Date	Pay Period	Reviewed By (Employee ID)

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SAN BERNARDINO COUNTY

Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

PAYROLL ADJUSTMENTS
ADDITIONAL PAYS
CONTINUATION

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	For Pay Period(s)

Week	Emp Paid	BL ____ Bilingual	AO ____ Auto	____ % SAC	Other ____	Other ____	Pay Period Begin	Pay Period End
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EMACS-Payroll Use Only	
Earn Code	Dollars

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