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

PAYROLL ADJUSTMENTS
FLEX ADDITIONAL PAY
(Requires HR-EBSD Approval)

Must print in Black or Blue ink ONLY

Employee ID	RCD NO	Last Name, First Name	For Pay Period(s)
Company	**Pay Group**	**Department Name**	**Dept ID**

C07 Must list each week separately, must use two lines NCV, C14, C24 & C28 may list one week on one line				
Pay Period	**Begin Date**	**End Date**	**FL1**	**Dollars**
			FL1	
			FL1	
			FL1	
			FL1	
			FL1	
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			FL1	
			FL1	
			FL1	
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			FL1	
			FL1	
			FL1	

HR-EBSD Use Only	
Approved/ Denied	**Comments**
☐ Approve ☐ Deny	
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Payroll Specialist Name (Print & Sign)	**Date**	**Telephone**	**Mail Code**
Appointing Authority or Designee Signature (Print & Sign)			

HR-EBSD Signature (Print & Sign)	**Date**

Office Use Only

HR – EBSD Use Only
HR-EBSD Review

EMACS Payroll Use Only				
Verified By	Keyed By	Date/Pay Period	Reviewed By	PR Friday Review By

DISTRIBUTION: *Original – HR-EBSD (0440)*
HR Approved Original – EMACS-Payroll (0030)
Copy - Department