SAN BERNARDINO COUNTY

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

# PAYROLL ADJUSTMENT - Miscellaneous Continuation Page

## (Time Sheet Amendment REQUIRED)

*Must print in Black or Blue ink ONLY*

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

| | From Query / Paycheck Data | | Paycheck Data Should Be | | Pay Period Dates | | Requested Change(s) | |
|---|---|---|---|---|---|---|---|---|
| WK | Earn Codes | Units/Dollars | Earn Codes | Units/Dollars | Begin | End | Earn Codes | Units/Dollars |
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***Office Use ONLY***

| Workgroup | Recovery Letter | Run Query | Review Amendment | Review Leave | Review Signature |
|---|---|---|---|---|---|
| | | | | | |
| **Review PA** | **Verified By** | **2nd Review** | **Keyed By** | **Date/pay Period** | **PR Friday Review By** |
| | | | | | |

*Distribution: Original - Central Payroll (0030)*
*Copy - Department*