

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

PAYROLL ADJUSTMENT - MISCELLANEOUS

(Time Sheet Amendment REQUIRED)

Term Eff. Date STD - Use PA - STD | Military Leave | SDI | WC Must print in Black or Blue ink ONLY Employee ID Last Name, First Name Rcd No. Pay Period(s) Company **Pay Group Union Code Department Name** Dept ID * Attach Leave Accrual and Adjustment Worksheet if reducing paid hours(reducing accruals) or if going back 3 or more confirmed pay periods adjusting leave time COMP SCK VAC HOL ADM ANN/ATY Pay Period Leave Type **Prior Balance** Current Balance From Query / Paycheck **Paycheck Data Should Be Pay Period Dates** Requested Change(s) Data W Earn Codes Units/Dollars **Units/Dollars Units/Dollars** Earn Codes Begin End Earn Codes Κ **Reason for Request:** Payroll Specialist Name (Print & Sign) **Telephone Number** Mail Code Date Appointing Authority or Designee (Print & Sign) 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 Pavroll (0032)					

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