

TEXAS A&M UNIVERSITY KINGSVILLE

Payroll Adjustment Form

This form should be used to submit payment adjustments for specific types of earnings with required authorization signatures. This form may also be used for an emergency check request. (Please see below)**

Employee Name		Pay Period	
Department Name			

ADJUSTMENTS DETAILS (If overpayment, please use negative adjustment amount)					
Check	Type of Pay	Description	Amount of Adjustment	Total Salary for Employee, including adjustment	Hours, if Applicable
<input type="checkbox"/>	Regular Salary	Retroactive pay due to non-completion of business process – New Hire/Data Change 2QH 7LPH 3D\PHQW HWF			
<input type="checkbox"/>	Regular Salary	Retroactive pay due to non-completion of business process – Compensation Change			
<input type="checkbox"/>	Regular Salary	Retroactive pay due to error in original compensation set up			

Preparer: _____	Print (Manager)	_____ Sign	_____ Date
Approver : _____	Print (Chair)	_____ Sign	_____ Date
Approver : _____	Print (Dean)	_____ Sign	_____ Date
Approver : _____	Print (Payroll)	_____ Sign	_____ Date

Payroll Approver	Date Adjustment will be paid to Employee
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