

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	
UIN #		Pay Date employee should have been paid	
Position #		Requestor Name	
Biweekly/Monthly		Requestor Phone Number	
Department Name			
Manager Name		Account # if different than employee's costing allocation	

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			
<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			
<input type="checkbox"/>	**Emergency Check Request	Emergency Check Request process still applies. This form may be submitted but must be accompanied by a Memo including all approvals. (Sample Attached)			
<input type="checkbox"/>	Other Pay	This option requires Payroll Dept. Approval			

Explanation of Adjustment:

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

Payroll Use ONLY

Payroll Approver	Date Adjustment will be paid to Employee