

POST - PAYROLL ADJUSTMENT FORM

NAME _____

REQUEST DATE _____

EMPLOYEE ID# _____

AGENCY _____

ORG _____

WEEK 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Month / Day								
IN punch								
OUT punch								
IN punch								
OUT punch								
Add hours to pay:								
Subtract hours from pay:								
Sick leave adjustment hours:								
Annual leave adjustment hours:								
Other:								
WEEK 1 Total Adjustment								

Comp
Accrual

Holiday
Accrual

WEEK 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Month / Day								
IN punch								
OUT punch								
IN punch								
OUT punch								
Add hours to pay:								
Subtract hours from pay:								
Sick leave adjustment hours:								
Annual leave adjustment hours:								
Other:								
WEEK 2 Total Adjustment								

Comp
Accrual

Holiday
Accrual

Reason for adjustment: _____

Specify in/out times for adjustments in time worked. Submit Kronos timecard report covering pay period in question with this adjustment form to Payroll. If either of these requirements are missing, adjustment form will be returned to the department. All pay adjustments older than 2 pay periods require approval from the County Manager per the Personnel Payroll Policy.

Form must be submitted to Payroll no later than 5PM on the second Wednesday of the pay period to guarantee payment for the current pay period.

Employee

Supervisor

Department Head