

# 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)\*\*

<b>Employee Name</b>		<b>Pay Period</b>	
<b>UIN #</b>		<b>Pay Date</b> employee should have been paid	
<b>Position #</b>		<b>Requestor Name</b>	
<b>Biweekly/Monthly</b>		<b>Requestor Phone Number</b>	
<b>Department Name</b>			
<b>Manager Name</b>		<b>Account #</b> 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 – <b>New Hire/Data Change, One-Time Payment, etc.</b>			
<input type="checkbox"/>	Regular Salary	Retroactive pay due to non-completion of business process – <b>Compensation Change</b>			
<input type="checkbox"/>	Regular Salary	Retroactive pay due to <b>error</b> in original compensation set up			
<input type="checkbox"/>	<b>**Emergency Check Request</b>	Emergency Check Request process still applies. This form may be submitted but must be accompanied by a Memo including all approvals.			
<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