

PAYROLL ADJUSTMENT FORM
503/4/Central Payroll (FAX: 503-988-6939)

Employee Name: _____ Emp/SAP #: _____

FOR ADJUSTMENTS OVER 60 DAYS

TIME ENTRY Adjustment Needed*

Time **WAS CHARGED**, in error, as follows:

Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____

Time **SHOULD HAVE BEEN** charged as follows:

Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____
 Date: _____ #HRs: _____ Type: _____

LUMP SUM Adjustment Needed*

Amount: _____

Show calculation of lump sum payment, or attach spreadsheet:

***Briefly describe the reason for this TIME ENTRY, LUMP SUM or QUOTA adjustment:**

QUOTA Adjustment Needed*

Add Subtract _____ Hours _____ Type
 Add Subtract _____ Hours _____ Type

Rev. 4/04 PINK FORM

Prepared by: _____ Phone: _____ Date: _____

Approved by: _____ Date: _____

----- **BELOW FOR CENTRAL PAYROLL USE ONLY** -----

Simulation results: _____ PAF completed by: _____ Date: _____

NOTES: _____
