This form is used to correct earnings or pay codes for hourly employees for a **<u>PRIOR</u>** pay period. Email completed and signed form to Payroll@rit.edu. Adjustments will be processed with the next payroll.

Employee Name:	Employee Number/Badge Number/UID:

Account Number:

Entity	Department	Object	FEC	Project	Program
					00000

****USE FOR HOURLY EMPLOYEE ADJUSTMENTS:**

Pay period missed: (use dates from b/w pay schedule)		Late time ca	Reason for A ard/hrs em @ sign-off	Supervisor Error		Hourly Pay Rate: (Verify in Kronos: People Screen – Job Assignment Tab)	
Missing Punch(es) Other: (Attach time card) (Attach time card)					⊅		
Date	In	Out	In	Out	Pay	Total Daily Hrs	

III AM/PM	AM/PM	AM/PM	AM/PM	Code*	(Decimal Format)
					<i>د</i>

*<u>Pay Codes:</u> (*Not used for Students*) S = Sick; V = Vacation; E = Excused w/Pay; H = Holiday

TOTAL HOURS:

****USE FOR ADJUSTMENTS TO GRAD ASS'T SALARIES, STIPENDS OR RATE INCREASES:**

	Pay Period(s) Missed: (use dates from b/w pay schedule)		Reason for Adjustment: G.A. Salary missed Rate Increase - Late Stipend missed (paperwork must be submitted to SE)			
	G.A. or Stipend	Rate Increase				
Pay Code*	\$ Amount per pay period x No. of pay periods to be pd.		e Increase e in rate only)	Total Hrs. Affected (Print time card w/ range of dates back to date increase effective)	Total \$ to be adjusted	
* <u>Pay codes</u> : GA =	Grad Ass't Salary; S = Stipend; RI = Rate I	ncrease				

Employee	Date:
Signature:	
Your signature certifies that this information is accurate and complete	

Your signature certifies that this information is accurate and complete.

Supervisor Print Name:	Supervisor	Date:	*Extension:
-	Signature:		

Your signature certifies that you have reviewed the above changes and agree they are accurate and complete.