

PAYROLL CHANGE FORM

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

Employee Name:	University ID:
-----------------------	-----------------------

Workday Account Number:

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

Pay period missed: <i>(use dates from BW pay schedule)</i>	<u>Reason for Adjustment:</u>	Hourly Pay Rate: \$ _____ . _____
--	--------------------------------------	---

Date	In AM/PM	Out AM/PM	In AM/PM	Out AM/PM	Pay Code*	Total Daily Hrs <i>(Decimal Format)</i>

*Pay Code Examples: S = Sick; V = Vacation; A = Approved Absence w/Pay; H = Holiday

TOTAL HOURS:

****USE SECTION BELOW FOR MISSED GRAD SALARIES, STIPENDS OR RATE INCREASES****

Pay Period(s) Missed: <i>(use dates from BW payroll schedule)</i>	<u>Reason for Adjustment:</u>
---	--------------------------------------

	Grad Salary or Stipend	Hourly Rate Increase		
Type of Pay	\$ Amount per pay period times # of pay periods owed <i>(ex: \$50 x 5 ppds)</i>	Rate Increase <i>(change in hourly rate only)</i>	Total Hrs. Affected <i>(Include proof of total hours)</i>	Total \$ to be Paid

Employee Signature:	Date:
----------------------------	--------------

Your signature certifies that this information is accurate and complete.

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

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