



Payroll Adjustment Request Form

Banner ID#: @00 _____

Employee Name: _____

Requestor: _____

Signature: _____

Date: _____ Amount Adjusted: _____

Adjustment Request: *(Adjustment Reason is REQUIRED for processing)*

- Non-Payment
- Underpayment
- Over Payment
- Data Entry Error
- Salary/Contract Correction
- Benefits Correction
- Reissue
- Other: _____

PAYROLL OFFICE USE ONLY:

Date Received: _____

Payroll ID: _____

Payroll Number: _____

Amount: \$ _____

Date Completed: _____

Payroll Name/Signature: _____

