PAYROLL ADJUSTMENT FORM

FACILITY_____

EMPLOYEE NAME_____

EMPLOYEE NUMBER_____

ADJUSTMENT FOR HOURS FROM THE PAYROLL ENDING _____

TO BE INCLUDED ON PAYROLL ENDING _____

R	REGULAR	HOURS	_____
R2	RATE 2	HOURS	_____
D	DIFFERENTIAL	HOURS	_____
D4	WEEKEND PKG	HOURS	_____
AB	ATTENDANCE	HOURS	_____
RE	RETRO	PAY	_____
BONUS		_____	_____
OTHER		_____	_____

REASON FOR ADJUSTMENT

_____

_____

ADMINISTRATOR _____ DATE_____

☐ WE CORRECTED THE EMPLOYEES HOURS AT THE FACILITY

☐ CORRECTION SHOULD BE MADE BY COPORATE OFFICE