AUDITOR-CONTROLLER FLSA PAYROLL ADJUSTMENT NOTICE

Fax (951) 955-3814

Forms are due to ACO - Payroll no later then 12:00 PM on non - pay week Friday

COUNTY OF RIVERSIDE
AUDITOR-CONTROLLER

Date of Request:

Pay Period Submitted:

Employee Name:
(Last Name, First Name)

Employee Number:

Department:

Prepared by:
(Department Rep's name)

Department Rep's Phone:

Signature:

Mail Stop:

(Documents without signatures will be returned)

Employee's schedule:

Original Pay Period End Date:

Explanation of Adjustment:

Earning Code Adjustment (list by date)

Date	Earning Code/TRC Was	Hours Were (+)	Earning Code Should	Hours Should Have	ACO Adjustment Notes

ACO Payroll Use Only

RVTL40 Attached:
T/L Adjustment Required:
Add to Payline:
Issue Online Check:
FLSA Rate:

ACO_Payroll Processor:

ACO_Payroll Approval:

Returned to Department:

Date Keyed:

Pay Period:

Date Returned:

ACO Comments: