

DATE: _____ PAY PERIOD ERROR OCCURED: _____
(One Pay Period Per Sheet)

EMPLOYEE NAME: _____ EMPLOYEE ID: _____
(Print Last Name, First Name)

DEPARTMENT: _____ DEPT REP PHONE: _____

REQUESTED BY: _____ Page ____ of ____ (Include attachments in page count)
(Print Name)

SIGNATURE: _____
(Documents without signature will be returned.)

REASON FOR ADJUSTMENT: EMPLOYEE UNDER PAID (Specify below) If Online Warrant is Processed it Should Be:
(Check appropriate box) EMPLOYEE OVER PAID (Specify below) ____ Picked-Up by EE ____ Mail to EE
 OTHER (Specify below) Employee phone: _____

For TAP employees - Department ID to be charged (must be at least 5 digits, Ex: 10100) _____

Adjustment Explanation

Adjustment Information

DATE	PAY WEEK	TRC/PAYCODE	ACTUAL PAY RECEIVED		SHOULD HAVE RECEIVED		DIFFERENCE OWED	
			HOURS	DOLLARS	HOURS	DOLLARS	HOURS	DOLLARS

ACO PAYROLL USE ONLY

Request Prepped by _____ Date _____ For Pay Period _____

Adjustment to be processed by ____ Online Warrant ____ Payline Adj ____ Refer for Processing Department Notified on _____

Notes: _____ Logged by _____ Log number _____

Adjustment Referred for Processing (Mark All That Apply)

____ CalPers ____ HR ____ Dept ____ Recon ____ Repay Referred by _____ Date _____

Notes: _____

Payline Adjustment Information

Adj keyed by _____ Date _____ Adj verified _____ Date _____

Online Warrant Information

Warrant #: _____ Dated: _____ Amount: _____ Control Number: _____

1st Review _____ 2nd Review _____ Final Review _____

Warrant issued by _____ Date Issued _____

Online Warrant Mailing Information

Warrant Mailed By _____ Date Mailed _____

Online Warrant Pick-Up Information

EE Contacted by _____ Date _____

EE Printed Name _____ EE Signature _____ Date _____