

ISIS HR PRIOR PERIOD PAYROLL ADJUSTMENT FORM

PAY PERIOD NUMBER TO ADJUST _____

PAY PERIOD DATES _____ PERSONNEL AREA NUMBER _____ AGENCY NAME _____ OFFICE OF _____

		EMPLOYEE ADMINISTRATION ENTRY ONLY	
NAME		DATE	EA SIGNATURE
SSN	PERSONNEL NUMBER	ACTION TAKEN:	
TIME ADMINISTRATOR NAME	TIME ADMINISTRATOR NUMBER	<input type="checkbox"/> TIME FILE	
TELEPHONE NUMBER & EXTENSION	DATE	<input type="checkbox"/> ADJUSTMENT	
		<input type="checkbox"/> JV	
		<input type="checkbox"/> OFF CYCLE	Correction _____ On Demand _____
		<input type="checkbox"/> REVERSAL	
CURRENT PAY PERIOD/NUMBER _____			

DATE TO BE ADJUSTED		ORIGINAL DATA ENTERED					CORRECT DATA				
DATE	HR/TYPE	CC	FC	SUB OBJ	REPORTING	HR/TYPE	CC	FC	SUB OBJ	REPORTING	
1. _____	_____/____	_____	_____	_____	_____	_____/____	_____	_____	_____	_____	
2. _____	_____/____	_____	_____	_____	_____	_____/____	_____	_____	_____	_____	
3. _____	_____/____	_____	_____	_____	_____	_____/____	_____	_____	_____	_____	
4. _____	_____/____	_____	_____	_____	_____	_____/____	_____	_____	_____	_____	
5. _____	_____/____	_____	_____	_____	_____	_____/____	_____	_____	_____	_____	
6. _____	_____/____	_____	_____	_____	_____	_____/____	_____	_____	_____	_____	
7. _____	_____/____	_____	_____	_____	_____	_____/____	_____	_____	_____	_____	
8. _____	_____/____	_____	_____	_____	_____	_____/____	_____	_____	_____	_____	
9. _____	_____/____	_____	_____	_____	_____	_____/____	_____	_____	_____	_____	
10. _____	_____/____	_____	_____	_____	_____	_____/____	_____	_____	_____	_____	

COMMENTS:

I HEREBY CERTIFY THAT THE ABOVE ADJUSTMENT IS ACCURATE AND SUPPORTED BY APPROPRIATE DOCUMENTATION.

APPROVED

TITLE

DATE