

ISIS HR PRIOR PERIOD PAYROLL ADJUSTMENT FORM

PAY PERIOD NUMBER TO ADJUST _____

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

NAME _____

SSN _____ PERSONNEL NUMBER _____

TIME ADMINISTRATOR NAME _____ TIME ADMINISTRATOR NUMBER _____

TELEPHONE NUMBER & EXTENSION _____ DATE _____

EMPLOYEE ADMINISTRATION ENTRY ONLY

DATE _____ EA SIGNATURE _____

ACTION TAKEN:

_____ TIME FILE

_____ ADJUSTMENT

_____ JV

_____ OFF CYCLE Correction _____ On Demand _____

_____ 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 _____