

HR Payroll Adjustment Request

Employee Name		Employee ID	
Department		Position	
Request Date		Payroll Period	

Adjustment Details

Type of Adjustment	<input type="checkbox"/> Overtime Correction <input type="checkbox"/> Absence Correction <input type="checkbox"/> Allowance/Benefit <input type="checkbox"/> Deduction <input type="checkbox"/> Other: _____
Description / Reason	
Adjustment Amount	
Effective Date	

Supporting Documents

(Attach any relevant documentation)

Approval

Requested by:

Name & Signature

Date: _____

Reviewed by (Manager/Supervisor):

Name & Signature

Date: _____

Approved by HR:

Name & Signature

Date: _____

Important Notes

- Ensure all information is accurate and clearly stated before submitting.
- Attach all supporting documents for faster processing.
- All adjustments are subject to HR and management approval.
- Keep a copy of this request for your records.
- This document should be submitted before the payroll cutoff date for the requested period.