

ACME Corporation
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Payroll Adjustment Authorization Form

Employee Name:

Employee ID:

Department:

Position/Title:

Payroll Period Affected:

Date of Request:

Type of Adjustment

☐ Additional Payment ☐ Deduction ☐ Correction

Reason for Adjustment

Adjustment Details

Amount (\$):

Effective Date:

Employee Signature & Date

Supervisor/Manager Signature & Date

HR/Payroll Signature & Date

Important Notes:

- This form is required for any payroll adjustment, including corrections, deductions, or additional payments.
- All sections must be completed and the required signatures obtained before processing.

- Incomplete forms may result in delayed payroll adjustments.
- Keep a copy of the finalized form for your records.
- Submit the completed form to the Payroll or HR department promptly.