

ACME Corporation  
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## Payroll Adjustment Authorization Form

Employee Name:

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Employee ID:

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Department:

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Position/Title:

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Payroll Period Affected:

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Date of Request:

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### Type of Adjustment

Additional Payment  Deduction  Correction

### Reason for Adjustment

### Adjustment Details

Amount (\$):

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Effective Date:

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Employee Signature & Date

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Supervisor/Manager Signature & Date

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HR/Payroll Signature & Date

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### 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.