

# Payroll Adjustment Request Form

Employee Name

Enter full name

Employee ID

Enter employee ID

Department

Enter department

Position

Enter position/title

Date of Request

## Adjustment Details

Pay Period Affected

E.g., May 1 - May 15, 2024

Type of Adjustment

Select...

Adjustment Amount

Enter amount (e.g., \$200.00)

## Reason for Adjustment

Please provide a detailed explanation:

Describe the reason for the payroll adjustment

## Approval

Requested By

Name of requester

Signature

(Type or sign)

Approved By

Name of approver

Signature

(Type or sign)

### Important Notes

- Ensure all details provided are accurate and complete to avoid processing delays.
- Attach supporting documents (e.g., timesheets, pay stubs) if applicable.
- All adjustments require required approvals before submission to Payroll Department.
- Keep a copy of this request form for your records.