

CURRENT and RETROACTIVE PAY ADJUSTMENT FORM

All pay adjustments must be approved by the manager, director, or account executive for the account from which the employee is paid.

This form is to be used by departments to correct any pay for the current or retroactive money due to the employee

This form must be received in payroll by email no later than **12:00 pm the last business day of the pay period end**

EMPLOYEE ID# _____ **DEPARTMENT #** _____

EMPLOYEE NAME _____

Explanation _____

****Use below section for any missed punches on Kronos that require a retro-active adjustment. Include AM/PM or use military time for all times indicated. Enter all punches for the date/shift and circle the punch that was missed. Indicate the work rule and if shift should be charged to something other than REG such as XED,XRG, XMT. If hours need to be deducted from payment , enter the (-) sign in the +/- column. Enter the Org Id.**

Date	In	Out	in	Out	Work Rule & Pay code	+ / -	Org Id Charged
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

****Use below section to report any PTO or HOL that was NOT reported on the Kronos timecard. Indicate PTO-S or PTO-U after the date Please submit an accrual adjustment form in addition if we are adding accruals back to the accrual bank.**

Holiday time can not be added back and no other adjustments back into the bank for less than 4 hours will be processed

Date	Hours Missed	PTO	HOL	Total Hours	+/-	Org Id charged
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

****Use below section for any type of retro-active payment that **does not** pertain to a missed punch or PTO. Such as a increase in pay or skills differential. *If applicable* determine the difference of wages between the two pay rates, put pay rate in Pay Rate column. When Total Hours and Pay Rate are entered the amount owed will automatically calculate**

End Date	Earnings Code	Total Hours	Pay Rate	Amount Owed	Org Id charged
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date _____

Paying Department Executive Signature _____