

## PAYROLL CHANGE FORM

This form is used to correct earnings or pay codes for hourly employees for a **PRIOR** pay period. Complete form and return to the Payroll Dept, Bldg 1 – Rm 1160, or fax to 5-7640 for processing. *If faxing, please do not send original – keep for your files.* Adjustments will be processed with the next payroll.

**Employee Name:**

**Employee Number/Badge Number/UID:**

**Account Number:**

Entity	Department	Object	FEC	Project	Program
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**\*\*USE FOR HOURLY EMPLOYEE ADJUSTMENTS:**

**Pay period missed:**  
*(use dates from b/w pay schedule)*

**Reason for Adjustment:**

Late time card/hrs                       Supervisor Error  
 Not on system @ sign-off               Incorrect Pay Code Used  
 Missing Punch(es)                       Other: \_\_\_\_\_  
*(Attach time card)*

**Hourly Pay Rate:**  
*(Verify in Kronos: People Screen – Job Assignment Tab)*

\$ \_\_\_\_\_ . \_\_\_\_\_

Date	In AM/PM	Out AM/PM	In AM/PM	Out AM/PM	Pay Code*	Total Daily Hrs <i>(Decimal Format)</i>

\*Pay Codes: *(Not used for Students)* S = Sick; V = Vacation; E = Excused w/Pay; H = Holiday

**TOTAL HOURS:**

**\*\*USE FOR ADJUSTMENTS TO GRAD ASS'T SALARIES, STIPENDS OR RATE INCREASES:**

**Pay Period(s) Missed:**  
*(use dates from b/w pay schedule)*

**Reason for Adjustment:**

G.A. Salary missed                       Rate Increase - Late  
 Stipend missed                                      *(paperwork must be submitted to SEO)*

<b>G.A. or Stipend</b>	<b>Rate Increase</b>
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Pay Code*	\$ Amount per pay period x No. of pay periods to be pd.	Rate Increase <i>(change in rate only)</i>	Total Hrs. Affected <i>(Print time card w/ range of dates back to date increase effective)</i>	Total \$ to be adjusted

\*Pay codes: GA = Grad Ass't Salary; S = Stipend; RI = Rate Increase

**Employee Signature:**

**Date:**

*Your signature certifies that this information is accurate and complete.*

**NOTE: Employee approval of hrs. from an RIT DCE email account will be accepted in lieu of signature.**

**Supervisor Print Name:**

**Supervisor Signature:**

**Date:**

**\*Extension:**

*Your signature certifies that you have reviewed the above changes and agree they are accurate and complete.*