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 *(Decimal Format)*

*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)*

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