PRAIRIE VIEW A&M UNIVERSITY

Payroll Adjustment Form						
Employee Name:		Title: Title Co			de: *Exemp	t: Y N
UIN #:	Dep	Department Name:			Account #:	
PIN #:	Active	: Term	inate:			
The following payroll adjustmen	t is reques	ted for the abo	ve employee	:		
		Dates				
Reason		From	To		# of Hours or Amount	Total
Supplemental Pay**						
Docked Pay**						
Temporary Salary Adjustment**						
Lump Sum Termination Pay**						
Longevity Pay**						
Teaching Overload** Service Award						
Service Awaru						
*In accordance with System R provisions of the Fair Labor S Compensation Plan, Appendix B, **Supporting documentation in Processing.	tandards for a listir	Act (FLSA) and ng of non-classi	d are not el	igible fo	r overtime pay. Refermpt under the FLSA.	to the PVAMU
Approvals:						
Employee	Date De	epartment/Unit	Head	Date	Dean/Director	Date
Vice President	Date				Senior VP for Business	Affairs Date
					R	evised April 2016