

Time Entry Adjustment Form

Employee ID:			Name:				
			Print Last, First, MI				
Position #:		Suffix:		Dept:		Org Code:	
Preparer:			Preparer Phone:			Date:	
Pay ID & Number	Adjust (+ or -)	Hours	Earn Code	Shift	Job Rate	Index*	Reason for Adjustment

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Deliver to:
UNM Payroll Office at MSC01 1230

Payroll Office Use Only

Prepared by and Date:	Payroll Comments
PHAADJT by and Date:	
Intellichek by and Date:	
Check/DD Number:	