

**UNIVERSITY OF VIRGINIA HEALTH SYSTEM
PAYROLL ADJUSTMENT REQUEST
FAX#: 243-0090**

EMPLOYEE NAME: _____ EMPLOYEE ID #: _____

DEPARTMENT NAME: _____ PEOPLESOFT#: _____

PAY PERIOD DATE FROM: _____ TO: _____

WEEK 1	DATE	IN	OUT	MEAL	TOTAL	TRC CODE	FLOAT DEPT#
SUN							
MON							
TUES							
WED							
THUR							
FRI							
SAT							
WEEK 1 TOTALS							
WEEK 2	DATE	IN	OUT	MEAL	TOTAL	TRC CODE	FLOAT DEPT#
SUN							
MON							
TUES							
WED							
THUR							
FRI							
SAT							
WEEK 2 TOTALS							
BI-WEEKLY TOTALS							

COMPLETE FOR DAYS NOT APPEARING IN TIME & LABOR OR TO CORRECT LEAVE BALANCES

REASON FOR ADJUSTMENT: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR NAME (PRINT): _____

SIGNATURE: _____

CONTACT NUMBER: _____

DATE: _____