

**UNIVERSITY OF VIRGINIA HEALTH SYSTEM  
PAYROLL ADJUSTMENT REQUEST  
FAX#: 243-6095**

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

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: \_\_\_\_\_