ROGER WILLIAMS UNIVERSITY

PAYROLL ADJUSTMENT FORM
Historical Timecard Edits

Employee Name: _____ Employee ID: _____

Pay Period End Date: _____ Pay Date: _____

	DATE	In/ Out Punch	GL NUMBER	HOURS TOTAL
1				
2				
3				
4				
5				
6				

Total Hours _____

REASON: _____

SUPERVISOR NAME: _____ Signature: _____

PAYROLL SPECIALIST: _____ DATE PROCESSED: _____