

# ROGER WILLIAMS UNIVERSITY

## HISTORICAL ADJUSTMENT FORM

### Timecard Edits

Employee Name:

Employee ID:

\_\_\_\_\_

\_\_\_\_\_

Pay Period End Date:

Pay Date:

\_\_\_\_\_

\_\_\_\_\_

	DATE	GL NUMBER	HOURS TOTAL
1			
2			
3			
4			
5			
6			

Total Hours \_\_\_\_\_

REASON:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUPERVISOR NAME:

Signature:

\_\_\_\_\_

\_\_\_\_\_

PAYROLL SPECIALIST:

DATE PROCESSED:

\_\_\_\_\_

\_\_\_\_\_