

ISIS HR PRIOR PERIOD PAYROLL ADJUSTMENT FORM

PAY PERIOD NUMBER TO ADJUST _____

PAY PERIOD DATES _____ PERSONNEL AREA NUMBER _____ AGENCY NAME _____ OFFICE OF _____

NAME	
SSN	PERSONNEL NUMBER
TIME ADMINISTRATOR NAME	TIME ADMINISTRATOR NUMBER
TELEPHONE NUMBER & EXTENSION	DATE

EMPLOYEE ADMINISTRATION ENTRY ONLY

DATE	EA SIGNATURE
ACTION TAKEN:	
TIME FILE	
ADJUSTMENT	
JV	
OFF CYCLE	Correction _____ On Demand _____
REVERSAL	
CURRENT PAY PERIOD/NUMBER _____	

DATE TO BE ADJUSTED		ORIGINAL DATA ENTERED				CORRECT DATA				
DATE	HR/TYPE	CC	FC	SUB OBJ	REPORTING	HR/TYPE	CC	FC	SUB OBJ	REPORTING
1. _____	____/____/____	_____	_____	_____	_____	____/____/____	_____	_____	_____	_____
2. _____	____/____/____	_____	_____	_____	_____	____/____/____	_____	_____	_____	_____
3. _____	____/____/____	_____	_____	_____	_____	____/____/____	_____	_____	_____	_____
4. _____	____/____/____	_____	_____	_____	_____	____/____/____	_____	_____	_____	_____
5. _____	____/____/____	_____	_____	_____	_____	____/____/____	_____	_____	_____	_____
6. _____	____/____/____	_____	_____	_____	_____	____/____/____	_____	_____	_____	_____
7. _____	____/____/____	_____	_____	_____	_____	____/____/____	_____	_____	_____	_____
8. _____	____/____/____	_____	_____	_____	_____	____/____/____	_____	_____	_____	_____
9. _____	____/____/____	_____	_____	_____	_____	____/____/____	_____	_____	_____	_____
10. _____	____/____/____	_____	_____	_____	_____	____/____/____	_____	_____	_____	_____

COMMENTS:

I HEREBY CERTIFY THAT THE ABOVE ADJUSTMENT IS ACCURATE AND SUPPORTED BY APPROPRIATE DOCUMENTATION.

APPROVED _____ TITLE _____ DATE _____

WHITE - FORWARD TO EMPLOYEE ADMINISTRATION

CANARY - EMPLOYEE ADMINISTRATION

PINK - PENDING TIME ADMINISTRATOR FILE