

## UNIVERSITY OF RHODE ISLAND IN-HOUSE PAYROLL ADJUSTMENT FORM

EMPLOYEE NAME \_\_\_\_\_ DEPARTMENT NAME \_\_\_\_\_

EMPLOYEE EMPL ID \_\_\_\_\_ JOB EMPL RECORD # \_\_\_\_\_

**Instructions:**

1. This form is to be used to request adjustments to distributed payroll charges after a payroll is processed.
2. Complete the comment section by identifying the reason for the adjustment.
3. Complete the signature section where applicable. Retroactive adjustments to grants and contracts must be approved by Grant and Contract Accounting.
4. Include copies of Account Distribution Reports with the incorrect charge(s) highlighted.
5. Do not include FICA charges. They will be automatically transferred when salary adjustments are processed.

**Adjustment Requests**

Pay Period End Date	<b>FROM:</b>					DOLLAR AMOUNT	<b>TO:</b>				
	Fund	Department	Program	Project	Account		Fund	Department	Program	Project	Account
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					
						\$					

Comments \_\_\_\_\_

**Effort Certification and Signatures:**

I certify the adjustments requested are required to correct the distribution of payroll charges and the resulting charges represent a reasonable estimate of the actual effort expended during the pay period being adjusted.

Originator \_\_\_\_\_ Date \_\_\_\_\_

Business Mgr./Director \_\_\_\_\_ Date \_\_\_\_\_

Grant and Contract Acctg. \_\_\_\_\_ Date \_\_\_\_\_