

Indiana University Payroll Adjustment Voucher

(Only one employee per adjustment voucher, please)

Type in fields

Chart-Dept:

Work Area:

Name:

Empl ID:

Adjustment Actions: (check below)

- Pay Adjustment
- Termination
- Attendance Adjustment
- Overpayment

Processing Requested: (check one)

- Next available On-Cycle (Regular) Payroll (No charge)
- Next available Off-cycle Payroll (charge)
- Online Check Request (Charge)

EMPL RCD NBR	PAY GROUP	WK 1 or 2	EARNINGS Begin Date (mm/dd/yyyy)	EARNINGS End Date (mm/dd/yyyy)	EARN CODE	SEQ NBR	Account/ Subaccount	Object Code	Hours	+/-	Hourly Rate	Period Amount
Page Totals/Grand Totals:												

Explanation:

Prepared by:

Phone:

Date:

CERTIFICATE: I hereby certify that I have examined the time record of each employee listed on this payroll; that each employee has performed the services for which the salaries or compensation is paid; that to the best of my knowledge and belief no part of the salary or compensation of any employee listed hereon is being divided or paid to any other person on account of or by reason of their employment; that the gross pay listed opposite the name of each employee is based upon either statutory or regulatory authority and is justly due each employee; that this payroll is correct and has by me been approved.

Authorized Signature _____

Title: _____

FOR PAYROLL OFFICE USE ONLY:
ADJ ENTERED BY:

DATE:

PAY RUN ID:

PAGE NBR:

PAYROLL COPY