

Clemson University

Human Resources Payroll Office

REQUEST FOR ADJUSTMENT OF PAYROLL CHECK

Employee Name on check to be adjusted _____

Employee ID# _____ Department # _____

Paydate of check to be adjusted _____ Check # _____

Reason for adjustment (give details) _____

There is a \$10.00 charge per check, payable by the department at the time of request. Fill in the account information for the Journal Entry below.

<u>7322</u>	_____	_____	_____	_____	_____
Acct	Fund	Dept	Prog	Class	Proj/Grt

Name of person making request _____ Phone # _____

Title _____ Date _____

Approving Authority _____

Title _____ Date _____

Note: Form must be completed in it's entirety

CUBO-610
02-2008