

SHASTA HEAD START CHILD DEVELOPMENT, INC.
PAYROLL ADJUSTMENTS

EMPLOYEE NAME _____

DISCREPANCY DATE _____

DESCRIPTION OF PAYROLL DISCREPANCY

PAYROLL ADJUSTMENT

Select the appropriate adjustment.

<input type="checkbox"/> REGULAR	<input type="checkbox"/> OVERPAID	<input type="checkbox"/> UNDERPAID	_____ HOURS
<input type="checkbox"/> OVERTIME	<input type="checkbox"/> OVERPAID	<input type="checkbox"/> UNDERPAID	_____ HOURS
<input type="checkbox"/> HOLIDAY	<input type="checkbox"/> OVERPAID	<input type="checkbox"/> UNDERPAID	_____ HOURS
<input type="checkbox"/> PTO	<input type="checkbox"/> OVERPAID	<input type="checkbox"/> UNDERPAID	_____ HOURS
<input type="checkbox"/> SICK	<input type="checkbox"/> OVERPAID	<input type="checkbox"/> UNDERPAID	_____ HOURS
<input type="checkbox"/> BEREAVEMENT	<input type="checkbox"/> OVERPAID	<input type="checkbox"/> UNDERPAID	_____ HOURS
<input type="checkbox"/> JURY DUTY	<input type="checkbox"/> OVERPAID	<input type="checkbox"/> UNDERPAID	_____ HOURS
<input type="checkbox"/> COVID	<input type="checkbox"/> OVERPAID	<input type="checkbox"/> UNDERPAID	_____ HOURS
<input type="checkbox"/> PSL SELF	<input type="checkbox"/> OVERPAID	<input type="checkbox"/> UNDERPAID	_____ HOURS
<input type="checkbox"/> PSL FAM/DEP	<input type="checkbox"/> OVERPAID	<input type="checkbox"/> UNDERPAID	_____ HOURS
<input type="checkbox"/> PFL	<input type="checkbox"/> OVERPAID	<input type="checkbox"/> UNDERPAID	_____ HOURS

TIME SYSTEM

- ☐ I have attached a copy of the employee's timecard before and after the correction.
- ☐ Adjustment results in reduction to the employee's check. (Employee's authorization required.)

PROCESS ADJUSTMENT

☐ NEXT PAYROLL ☐ IMMEDIATELY

EMPLOYEE SIGNATURE (Reduction to EE Check) _____

DATE _____

MANAGER SIGNATURE _____

DATE _____

DIRECTOR SIGNATURE _____

DATE _____

FISCAL

DATE PROCESSED _____

PAY PERIOD _____

PAYROLL SIGNATURE _____

DATE _____