

**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"/> SPSL 1 | <input type="checkbox"/> OVERPAID | <input type="checkbox"/> UNDERPAID | _____ | HOURS |
| <input type="checkbox"/> SPSL 2 | <input type="checkbox"/> OVERPAID | <input type="checkbox"/> UNDERPAID | _____ | HOURS |
| <input type="checkbox"/> | <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 _____