INDIANA UNIVERSITY ADJUSTMENT VOUCHER

(Only one employee per adjustment voucher, please)

Chart-Dept:_____

Work Area: _____

PLEASE PRINT CLEARLY

Name: _____

Empl ID: _____

ADJUSTMENT ACTIONS:

___ PAY ADJUSTMENT

___ TERMINATION

___ ATTENDANCE ADJUSTMENT

PROCESSING REQUESTED:

___ 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	EARNINGS END DATE	EARN CODE **	SEQ NBR	ACCOUNT/ SUBACCOUNT		OBJ CODE	HOURS		+/-	HOUR 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:

TREAS.FORM 98/APPR. ST. BD. ACCTS 3/87 revised 6/03

PAYROLL COPY