

OFFICE OF JUVENILE JUSTICE PRIOR PAY PERIOD ADJUSTMENT FORM

A.2.55(c)

PAY PERIOD/YEAR:		PAY PERIOD DATES:		THRU	
SECTION/FACILITY:				Agency 0403/ TA#	
EMPLOYEE NAME:				PERSONNEL #	

Week 1:							Week 2:						
<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>	<i>SATURDAY</i>	<i>SUNDAY</i>	<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>	<i>SATURDAY</i>	<i>SUNDAY</i>

Reason for Adjustment: _____

***BY SIGNING THIS PRIOR PAY PERIOD ADJUSTMENT, I UNDERSTAND THAT MY SALARY MAY BE ADJUSTED TO RECOUP ANY OVERPAID MONIES**

EMPLOYEE SIGNATURE*:	DATE:
TIME ADMINISTRATOR NAME:	DATE:
SUPERVISOR SIGNATURE:	DATE:

INSTRUCTIONS: Complete all blanks at the top of section. Fill in the pay period dates above the appropriate day of the week, for only the day(s) that need to be adjusted. Fill in ALL TIME related to that day, including regular hours, leave taken and overtime earned AS IT SHOULD HAVE BEEN ENTERED. (DO NOT ENTER THE INCORRECT INFORMATION). Explain the reason for the adjustment in the space provided.

This Prior Pay Period Adjustment form will not be processed unless all required signatures/information are included on this form.
 When a Prior Pay Period Adjustment form is submitted due to incorrect information on a timesheet, correct the timesheet by drawing a line through the incorrect information in a different color ink and show the correct information. Make a notation on the ZT02 report of the correction. Have the employee initial all changes made to their timesheet after the timesheet was submitted.

Keep the original, signed form with the payroll documents for the affected pay period. **FAX the form to DPS HR at 225-925-3970 or 225-922-0528.** Keep the FAX confirmation with the original form. **DO NOT MAIL THE ORIGINAL.**