

OFFICE OF JUVENILE JUSTICE PRIOR PERIOD ADJUSTMENT FORM

KEEP THIS ORIGINAL SIGNED FORM WITH YOUR RECORDS

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

WEEK 1:

WEEK 2:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

******THE REASON FOR ADJUSTMENT MUST BE INDICATED******

REASON FOR ADJUSTMENT	<input type="checkbox"/> ERROR ON TIME SHEET	<input type="checkbox"/> FMLA/ WORKER'S COMPENSATION/ MILITARY/ CRISIS LEAVE
	<input type="checkbox"/> TIME SHEET SUBMITTED LATE	<input type="checkbox"/> REPORTING CATEGORY/COSTING CHANGES
	<input type="checkbox"/> TIME ADMINISTRATOR ENTRY ERROR	<input type="checkbox"/> OTHER (PLEASE EXPLAIN)

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

EMPLOYEE SIGNATURE:		DATE:	
TIME ADMINISTRATOR NAME:	TIME ADMINISTRATOR SIGNATURE:	PHONE #:	
SUPERVISOR SIGNATURE:		DATE:	

INSTRUCTIONS: Complete all blanks in 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). Select the appropriate reason for the adjustment. If "Other" is selected provide a brief explanation.

This Prior Period Adjustment form will not be processed unless all required signatures/information are included on this form.

When a Prior Period Adjustment form is submitted due to incorrect information on a timesheet, correct the timesheet by drawing a line through the incorrect information and in a different colored ink show the corrections made. Make a notation on the ZT02 report of the correction. Have the employee initial all changes made to his or her 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. PLEASE DO NOT MAIL THE ORIGINAL. **ADJUSTMENT REQUESTS SUBMITTED ON AN OBSOLETE FORM WILL BE RETURNED.***