

## CURRENT AND RETROACTIVE PAY ADJUSTMENTS

All pay adjustments must be approved by the department head or account executive for the account from which the employee is paid.

This form is to be used by hospital payroll reporters to pay hospital accounts.

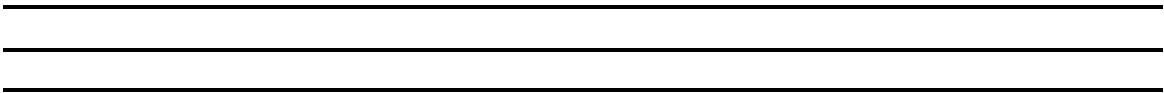
This form is due in hospital payroll no later than **NOON THE DAY PAY PERIOD ENDS.**



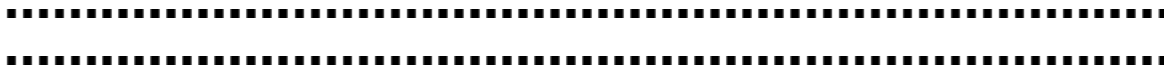
Employee Id # \_\_\_\_\_ Department Number \_\_\_\_\_

Employee Name \_\_\_\_\_

Explanation:



End Date	Dscrptn	Total Hours	\$ Rate	\$ Amount	+ / -	Org. Id #
_____	_____	_____	_____	_____	_____	02-_____
_____	_____	_____	_____	_____	_____	02-_____
_____	_____	_____	_____	_____	_____	02-_____
_____	_____	_____	_____	_____	_____	02-_____
_____	_____	_____	_____	_____	_____	02-_____
_____	_____	_____	_____	_____	_____	02-_____



\_\_\_\_\_  
Paying Department Executive Signature

Date \_\_\_\_\_