

California State University, Long Beach  
**SALARIED / HOURLY ADJUSTMENT FORM**

<u>Pay Period (mm/yyyy)</u>	<u>Group ID</u>	<u>Reporter</u>	<u>Timebase/FTE</u>	<u>Indicate Alternate Work Schedule</u>
<u>Last Name</u>	<u>First Name &amp; Middle Initial</u>	<u>Employee ID</u>	<u>Empl Rec.</u>	

**Complete the following section of this form to make adjustments for Salaried Employee time already approved. Adjustments to multiple time reporting codes may be requested for the same employee on a single form for the same pay period.**

<b>Time Reporting Code Legend:</b>	<b>FL:</b> Funeral Leave	<b>PH:</b> Personal Holiday
<b>ADO:</b> Additional Day Off Earned	<b>HCR:</b> Holiday Credit Earned	<b>PL:</b> Parental Leave
<b>ADOT:</b> Additional Day Off Taken	<b>HT:</b> Holiday Credit Taken	<b>SHE08:</b> Shift Evening R08
<b>CIT:</b> Citizen Time Off	<b>JD:</b> Jury Duty or subpoenaed witness	<b>SHGRV:</b> Shift Graveyard
<b>CTO:</b> Compensatory Time Off (Using time)	<b>ML:</b> Military Leave	<b>SHN08:</b> Shift Night R08
<b>CTPR:</b> Compensatory Time Earned (Premium)	<b>MPA:</b> Maternity/Paternity/Adoption leave	<b>SHSWG:</b> Shift Swing
<b>CTST:</b> Compensatory Time Earned (Straight)	<b>ODL:</b> Organ Donor Leave	<b>SL:</b> Sick Leave
<b>DOCK:</b> Approved Leave without Pay or AWOL	<b>OTPR:</b> Overtime (Premium time)	<b>SLD:</b> Sick Leave (Death in Family)
<b>EM:</b> Excess Hours Minus	<b>OTST:</b> Overtime (Straight time)	<b>SLF:</b> Sick Leave (Family)
<b>EP:</b> Excess Hours Plus	<b>PDL:</b> Professional Development Leave	<b>VA:</b> Vacation

**SALARIED EMPLOYEE TIME ADJUSTMENTS-DATES OF ABSENCE AND EXTRA TIME WORKED**

Enter the date and select the TRC from the drop down list; then enter the # of approved hours and corrected hours.	<b>Date</b>	<b>TRC</b>	<b>Total # of Hours Approved on the Timekeeping System</b>	<b>Corrected # of Hrs</b>

**Complete the following section of this form to make adjustments for Hourly Employee time already approved. Adjustments to multiple time reporting codes may be requested for the same employee on a single form for the same pay period.**

**HOURLY EMPLOYEE TIME ADJUSTMENTS**

Enter the date and select the TRC from the drop down list; then enter the # of approved hours and corrected hours.	<b>Date</b>	<b>TRC</b>	<b>Total # of Hours Approved on the Timekeeping System</b>	<b>Corrected # of Hrs</b>
		<b>Regular</b>		

CERTIFICATION BY EMPLOYEE: To the best of my knowledge and belief, the changes indicated above are accurate.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

The changes indicated above are in compliance with CSU policy, State of California law and Fair Labor & Standards Act requirements.

Supervisor Approval (optional) \_\_\_\_\_ Date \_\_\_\_\_

Appropriate Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_