

California State University, Long Beach
SALARIED / HOURLY ADJUSTMENT FORM

PAY PERIOD (mm/yyyy)	GROUP ID	REPORTER	TIME BASE/FTE	INDICATE ALTERNATE WORK SCHEDULE
NAME Last	First	Initial	EMPLOYEE ID	EMPL REC

Complete the top 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. NOTE: Use the HR Account Code Override form to change the labor cost distribution for salaried employee's overtime, shift differential or other earnings codes. Funding overrides must be submitted to the Budget Office prior to the next month's payroll cutoff.

TIME REPORTING CODE LEGEND	ADO: Additional Day Off Earned	JD: Jury Duty. Also used for subpoenaed witness	SHE08: Shift Evening R08
	ADOT: Additional Day Off Taken	ML: Military Leave	SHGRV: Shift Graveyard
	CIT: Citizen Time Off	MPA: Maternity/Paternity/Adoption Leave	SHN08: Shift Night R08
	CTO: Compensatory Time Off (Using Time)	ODL: Organ Donor Leave	SHSWG: Shift Swing
	CTPR: Compensatory Time Earned (Premium)	OTPR: Overtime (Premium Time)	SL: Sick Leave
	CTST: Compensatory Time Earned (Straight)	OTST: Overtime (Straight Time)	SLD: Sick Leave (Death in Family)
	DOCK: Approved Leave Without Pay or AWOL	PDL: Professional Development Leave	SLF: Sick Leave (Family)
	EM: Excess Hours Minus	PH: Personal Holiday	VA: Vacation
	EP: Excess Hours Plus	PL: Parental Leave (Units 2,4,5,7 & 9)	
	FL: Funeral Leave		

SALARIED EMPLOYEE TIME ADJUSTMENTS - DATES OF ABSENCES AND EXTRA TIME WORKED

	Date	TRC	Total # of Hrs Approved on the Timekeeping System	Corrected # of Hrs
Enter date & TRC from drop-down list; then enter approved & corrected hours.				

Complete the following section to adjust 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. NOTE: Use the HR Account Code Override form to change the labor cost distribution for salaried employee's overtime, shift differential or other earning codes. Funding overrides must be submitted to the Budget Office prior to the next month's payroll cutoff.

HOURLY EMPLOYEE TIME ADJUSTMENTS

	Date	TRC	Total # of Hrs Approved on the Timekeeping System	Corrected # of Hrs
Enter date & TRC from drop-down list; then enter approved & corrected hours.				

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.

	DIV AUTHORIZATION (for funding approval of above changes)	DATE _____		SIGNATURE OF SUPERVISOR _____	DATE _____
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