

STUDENT EMPLOYEE ADJUSTMENT FORM

Last Name:	First Name:	MI:
Employee ID#:	Pay Period (mm/yyyy):	Position#:
Record#:	Dept. ID/Unit:	Job Code/Title:
Hourly Rate:	Time Reporter:	

Complete the section below for Adjustments to approved student time.

Time Reporting Code Legend ODL: Organ Donor Leave REG: Regular Hours Worked

Enter the pay period end date, total number of hours approved on the timekeeping system and correct number of hours:

Pay Period End Date	TRC	Total # of Hours Approved on the Timekeeping System	Correct # of Hours

Complete the section below for separations occurring prior to the closing of the timekeeping system.

Note: Hours for separations submitted on this form must not be entered on the timekeeping system. Please attach a Student Employment Payroll Transaction Form to separate employee.

Enter the last day worked, total number of hours approved on the timekeeping system and correct number of hours:

Last Day Worked	Total # of Hours Approved at Separation

Complete the section below for the use of an override rate that resulted in an overpayment/underpayment.

Note: This section cannot be used for retroactive increases.

Enter the pay period end date, approved override rate and correct override rate:

Pay Period End Date	Override Rate Approved on the Timekeeping System	Correct Override Rate

Note: To change the pool ID, please submit an HR Account Code Override Form to the Budget Office (BH-358) by the 25th of the month.

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

Employee Signature and Date



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

Supervisor/Department Signature and Date

DIV Authorization(for funding approval of above changes) and Date

Payroll Use Only: SS#