ENLOE MEDICAL CENTER – PAYROLL ADJUSTMENT AUTHORIZATION

Employee Name_____ File #_____
(6 digits from front of name badge)

PPE_____ Dept_____ Date of Request_____

DATE _____
IN _____ SPECIAL CODE _____
OUT_____ SPECIAL CODE _____
IN _____ SPECIAL CODE _____
OUT_____ SPECIAL CODE _____
IN _____ SPECIAL CODE _____
OUT_____ SPECIAL CODE _____
DAILY TOTAL_____

DATE _____
IN _____ SPECIAL CODE _____
OUT_____ SPECIAL CODE _____
IN _____ SPECIAL CODE _____
OUT_____ SPECIAL CODE _____
IN _____ SPECIAL CODE _____
OUT_____ SPECIAL CODE _____
DAILY TOTAL_____

DATE _____
IN _____ SPECIAL CODE _____
OUT_____ SPECIAL CODE _____
IN _____ SPECIAL CODE _____
OUT_____ SPECIAL CODE _____
IN _____ SPECIAL CODE _____
OUT_____ SPECIAL CODE _____
DAILY TOTAL_____

PAYROLL USE ONLY:

- **PROCESS THROUGH PAYROLL**
- **MANUAL CHECK**

_____ @ 3:30PM

FIT_____

SIT _____

403B _____

This form must be completed by the employee requesting the adjustment and then approved by the appropriate Supervisor.

Employee Signature_____

Approved by (Supervisor/Manager_____

Prepared by (Payroll Staff Member)_____