Indiana University Payroll Adjustment Voucher

(Only one employee per adjustment voucher, please)

Type in Fields

Chart-Dept: **Adjustment Actions:** (Check Below)   **Processing Requested:** (Select One)

Work Area: Pay Adjustment   Next Available On-Cycle (Regular) Payroll (No Charge)

Name: Termination   Next Available Off-Cycle Payroll (Charge)

Empl ID: Attendance   Online Check Request (Charge)

HR eDoc Number: Overpayment

EMPL RCD NBR	PAY GROUP	WK 1 OR 2	EARNINGS Begin Date (mm/dd/yyyy)	EARNINGS End Date (mm/dd/yyyy)	EARN CODE	CONTRACT NUMBER	SEQ NBR	Account / Sub-Account	Object Code	Hours	+/-	Hourly Rate	Period Amount
Page Totals/ Grand Totals:													

Explanation:

Prepared By: **Phone**   **Date:**

Certificate: I hereby certify that I have examined the time record of each employee listed on this payroll; that each employee has performed the services for which the salaries or compensation is paid; that to the best of my knowledge and belief no part of the salary or compensation of any employee listed hereon is being divided or paid to any other person on account of or by reason of their employment; that the gross pay listed opposite the name of each employee is based upon either statutory or regulatory authority and is justly due each employee; that this payroll is correct and has by me been approved.

Authorized Signature   **Title:**