Clear Form

PAYROLL DEPARTMENT

ADJUSTMENT-TO-GROSS

** FOR PAYROLL USE ONLY ** DO NOT WRITE IN THIS SPACE	
WAGE TYPE	CHECK DATE

PERSON ID	PERS ASSIG	EMP. NAME: LAST FIRST MI	COST CENTER	AMOUNT	CHARGE COST CENTER	FUND	FUNCTIONAL AREA	GL ACCT.	REMARKS
							-		
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TOTAL $ 0.00

IMPORTANT NOTE: Both the "PERSON ID" and the "PERS ASSIG" number (as it pertains to the payment listed above) are required.

☐ **Duplicate Acc. Structure**

**** FOR PAYROLL USE ONLY ****
DO NOT WRITE IN THIS SPACE

Entered By: _____

Prepared By:

_____

Typed Signature Title Date

Approved By:

_____

Typed Signature Title Date

FM-0661 Rev. 01-12