

PAY PERIOD TO ADJUST _____

LCTCS CENTRALIZED PAYROLL PRIOR PERIOD PAYROLL ADJUSTMENT FORM LCTCS

DEPARTMENT _____

EMPLOYEE NAME _____

EMPLOYEE I.D. _____

TIME ADMINISTRATOR _____ DATE _____ TELEPHONE # _____

SECTION I.

PAYROLL HQ ENTRY ONLY

DATE TO BE ADJUSTED	ORIGINAL CD/ HRS ENTERED	CORRECT CD/HRS	DATE	HQ SIGNATURE
1. _____	____/____	____/____	ACTION TAKEN	
2. _____	____/____	____/____	____ TIME FILE	
3. _____	____/____	____/____	____ ADJUSTMENT	
4. _____	____/____	____/____	CURRENT PAY PERIOD _____	

SECTION II.

DATE TO BE ADJUSTED	ORIGINAL CD/ HRS ENTERED	CORRECT CD/HRS	DATE TO BE ADJUSTED	ORIGINAL CD/ HRS ENTERED	CORRECT CD/HRS
1. _____	____/____	____/____	6. _____	____/____	____/____
2. _____	____/____	____/____	7. _____	____/____	____/____
3. _____	____/____	____/____	8. _____	____/____	____/____
4. _____	____/____	____/____	9. _____	____/____	____/____
5. _____	____/____	____/____	10. _____	____/____	____/____

BANNER CODES:

ANNUAL LEAVE	ALT	FMLA ANNUAL LEAVE TAKEN	FLA
SICK LEAVE	SLT	FMLA SICK LEAVE TAKEN	FLS
STRAIGHT TIME COMP LEAVE	KTT	FMLA STRAIGHT TAKEN	FLk
1.5 COMP TIME	CTT	FMLA 1 1/2 TAKEN	FLC
LEAVE WITHOUT PAY	NOP	K EARNED (1 FOR 1)	KTE
HOLIDAY	HOL	K EARNED (1.5 FOR 1)	CTE
MILITARY	RMD	STRAIGHT TIME EARNED	OST

COMMENTS:

I HEREBY CERTIFY THAT ADJUSTMENT IS ACCURATE AND SUPPORTED BY APPROPRIATE DOCUMENTATION.

APPROVED _____ TITLE _____ DATE _____