When an employee or approver needs to complete an absence that cannot be submitted online through Absence Management or Time and Labor, the Payroll Adjustment Form should be completed. The following situations warrant submission of this form:

- a. For absences that were never submitted
- b. For corrections of a previously submitted absence
- c. The current month absence was incorrectly submitted and approved by the department (example: sick instead of vacation)
- d. Corrections to additional pay due an employee (example: shift differential and overtime)
- e. Docks incorrectly recorded or not recorded

COMPLETION OF FORM

If the time reported on March 7, 2017 was submitted and approved as 8 hours Vacation, but should have been submitted as 8 hours Sick-Self, the Payroll Adjustment Form should be completed as follows:

***Original Absence Submitted*:**

Pay Period: 03/17   **Total: 8**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours								8								
Type								V								

	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	No Leave Taken
Hours																	
Type																	

Corrected Submittal:

Pay Period: 03/17   **Total: 8**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours								8								
Type								S								

	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	No Leave Taken
Hours																	
Type																	

If submitting a correction to time previously entered into Absence Management or Time and Labor, the employee and approver must sign the form and send the original to Payroll Services and retain a copy in the department for audit purposes.

Attach additional Payroll Adjustment Forms for different pay periods or additional employee record numbers if necessary.

Employee Name: _____   Employee ID Number: _____

Department/College: _____   Employee Record: _____

ORIGINAL ABSENCE(S) SUBMITTED

Pay Period: _____   **Total:** _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours																
Type																

	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	No Leave Taken
Hours																	
Type																	

SUBMITTED CORRECTION(S)

Pay Period: _____   **Total:** _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours																
Type																

	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	No Leave Taken
Hours																	
Type																	

Codes to use:

ADO: Additional Day Off Earned
ADOT: Additional Day off Taken
CTO: Compensatory Time Off (Using Time)
CTPR: Compensatory Time Earned (Premium)
CTST: Compensatory Time Earned (Straight)
DOCK: Approved Leave without Pay or AWOL
EM: Excess Hours Minus
EP: Excess Hours Plus
FL: Funeral Leave*

HCR: Holiday Credit Earned
HT: Holiday Credit Taken
JD: Jury Duty or Subpoenaed Witness
ML: Military Leave**
MPA: Maternity/Paternity/Adoption Leave
ODL: Organ Donor Leave
OTPR: Overtime Paid (Premium time)
OTST: Overtime Paid (Straight time)
PH: Personal Holiday

PL: Parental Leave
SHE08: Shift Evening R08
SHGRV: Shift Graveyard
SHN08: Shift Night R08
SHSWG: Shift Swing
SL: Sick Leave – Self
SLD: Sick Leave (Death in Family)*
SLF: Sick Leave – Family *
VA: Vacation

 * Must provide family relationship in Comments
 ** Copy of Military Orders must be submitted to department and Payroll Services

CERTIFICATION BY EMPLOYEE AND DEPARTMENT APPROVER: To the best of my knowledge and belief, the facts stated are accurate and are in compliance with CSU policy, State of California Law and Fair Labor & Standard Act requirements.

_____   _____   _____
Employee Name   **Employee Signature**   **Date**

_____   _____   _____
Appropriate Administrator Name   **Appropriate Administrator Signature**   **Date**

All forms must be submitted to the Payroll Services Secure dropbox or in WH 205.   Rev. 062017, 012024