

# University of Notre Dame

## Hours/Pay Adjustment Form for Non-Exempt Employees and Students

Name:

Net ID or ND ID:

Position Number:

Job Title:

Org Code:

ADJUSTMENT SUMMARY								
Payroll Week Ending Date for Adjustment	Date of Adjustment	Hours	Shift	Sick	Vacation	Holiday	Other	Other Dollars
<input type="text"/>	<input type="text"/>							
<input type="text"/>	<input type="text"/>							
<input type="text"/>	<input type="text"/>							
<input type="text"/>	<input type="text"/>							
<input type="text"/>	<input type="text"/>							
<b>Total</b>								

Reason for Adjustment:

  
  
  
  

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\* All hours/pay adjustments must be submitted to Payroll using this form.

\*\* Highlighted areas indicate required fields