

(Please copy this to your agency letterhead)

PAYROLL CHECK ADJUSTMENT REQUEST

All voids, stop pays and changes/corrections must be in the form of a written request from an individual authorized to sign the agency final payroll proof. You must submit this form in order for us to process any adjustments.

Please complete the required information below. You may email or fax this document to Tonya Wade, tjwade@franklincountyohio.gov and cc to Joe Whittaker at jmwhittaker@franklincountyohio.gov (fax 614-525-5815) so that we may begin the adjustment process. However, the process will not be completed until the original is received.

Thank you for your cooperation in following this procedure. This provides for effective and accurate internal controls.

ADJUSTMENT FOR PAY DATE: _____

MUNIS EMP # _____

EMPLOYEE NAME : _____ AGENCY NAME/NUMBER: _____

REASON FOR THE ADJUSTMENT:

1. ____ UNDERPAID (SUPPLEMENTAL)

Please issue a supplemental check for:

Pay type _____ # of Hours _____ Rate \$ _____

Pay type _____ # of Hours _____ Rate \$ _____

Pay type _____ # of Hours _____ Rate \$ _____

Total: # of Hours _____ Amount of payment \$ _____

2. ____ OVERPAID (STOP/REISSUE)

Please cancel original check/direct deposit and re-issue for:

Pay type _____ # of Hours _____ Rate \$ _____

Pay type _____ # of Hours _____ Rate \$ _____

Pay type _____ # of Hours _____ Rate \$ _____

Total: # of Hours _____ Amount of payment \$ _____

3. ____ CANCEL CHECK/DIRECT DEPOSIT (STOP/VOID)

Please cancel and do not reissue. Employee should not have been paid.

(Authorizing Signature)

Date