



Payroll Correction Request Form

EMPLOYEE INFORMATION

| | | | | | | | |
|--------------|--|-----|--|---------------|--|-------|--|
| Employee UIN | | PIN | | Employee Name | | EPA # | |
|--------------|--|-----|--|---------------|--|-------|--|

ACCOUNT INFORMATION

| | Part | Acct # | Support A/C | Accounting Analysis | Obj Class Code | Title Code | Original Gross Charged and Gross to be Moved | % to be moved | Cycle (MO/BW) | Date Paid | Voucher # |
|------|------|--------|-------------|---------------------|----------------|------------|--|---------------|---------------|-----------|-----------|
| From | | | | | | | | | | | |
| To | | | | | | | | | | | |
| From | | | | | | | | | | | |
| To | | | | | | | | | | | |
| From | | | | | | | | | | | |
| To | | | | | | | | | | | |
| From | | | | | | | | | | | |
| To | | | | | | | | | | | |
| From | | | | | | | | | | | |
| To | | | | | | | | | | | |
| From | | | | | | | | | | | |
| To | | | | | | | | | | | |
| From | | | | | | | | | | | |
| To | | | | | | | | | | | |

| | |
|------|-------------------|
| 0.00 | Total Gross Moved |
|------|-------------------|

| | |
|------------------------------------|--|
| Reason / Justification for Payroll | |
|------------------------------------|--|

) Copies of Voucher Detail are required to be attached to the correction form.

 Unit Head Recommendation Date

 Administrative Services Approval Date