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**Payroll Modification Submission Form**

Employee Name: \_\_\_\_\_ For Check Date: \_\_\_\_\_

Requested By \_\_\_\_\_ Approved By \_\_\_\_\_

**Additional Pay** Bonus Amount \_\_\_\_\_  
Separate Check  Yes  No Special Calculation \_\_\_\_\_ Commission Amount \_\_\_\_\_  
Separate Check  Yes  No Special Calculation \_\_\_\_\_ RetroPay Amount \_\_\_\_\_ Old Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Recalculate All Hours As of Date \_\_\_\_\_ Time Off Amount \_\_\_\_\_ Or Hours \_\_\_\_\_  
Time Off Type \_\_\_\_\_ Date(s) Taken \_\_\_\_\_ Other Amount \_\_\_\_\_ Description \_\_\_\_\_**Pay Change (One-Time Adjustments Only. For permanent changes submit Employment Form)**

Salary Adjustment Adjusted Amount \_\_\_\_\_

Adjustment to Hours Adjusted Hours \_\_\_\_\_

Do Not Pay

Other \_\_\_\_\_

**Deduction Change (One-Time Adjustments Only. For permanent changes submit Employment Form)** Adjustment to Amount Adjusted Amount \_\_\_\_\_ Do Not Deduct Adjusted Hours \_\_\_\_\_ Do Not Pay Other \_\_\_\_\_**Reason for One-Time Change to Pay/Deduction (REQUIRED)**\_\_\_\_\_  
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