**Payroll Adjustment Form**

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| --- | --- | --- | --- |
| Company Name: |  | | |
| Department: |  | Employee Name: |  |
| Employee ID: |  | Position/Title: |  |
| Pay Period: |  | Date of Adjustment Requested: |  |

**Section 1: Reason for Adjustment**

| **Adjustment Type** | **Description / Details** | **Amount (USD)** |
| --- | --- | --- |
| ☐ Salary Correction | Missed hours in previous pay period | 250.00 |
| ☐ Overtime Pay | 5 hours @ $20/hour | 100.00 |
| ☐ Bonus / Incentive | Quarterly performance bonus | 500.00 |
| ☐ Commission | Sales commission for July | 300.00 |
| ☐ Deduction | Late arrival penalty | -50.00 |
| ☐ Other (specify): | Travel allowance correction | 75.00 |

**Total Adjustment:** = [amount]

**Section 2: Summary of Adjusted Pay**

| **Description** | **Amount (USD)** |
| --- | --- |
| Original Gross Pay | 3,500.00 |
| Total Adjustments | 1,175.00 |
| **Adjusted Gross Pay** | **4,675.00** |

**Section 3: Authorization**

| **Role** | **Name** | **Signature** | **Date** |
| --- | --- | --- | --- |
| Employee |  |  |  |
| Supervisor / Manager |  |  |  |
| HR Department |  |  |  |
| Payroll Officer |  |  |  |

**Section 4: Notes / Remarks**

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