



Name:	
Net ID or ND ID:	
Position Number:	
Job Title:	
Banner Org Code:	

HOURS ADJUSTMENT SUMMARY

Payroll Week Ending Date for Adjustment	Date of Adjustment	Hours	Shift	Sick	Vacation	Holiday	Other	Other Dollars
Total		0	0	0	0	0	0	0

Reason for Adjustment:

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

\*All payroll adjustments must be submitted to Payroll using this form.

\*\*Information is required for all highlighted areas.