



Adult Education & Literacy Program Employee Pay Adjustment Form

Pay Period Ending: _____ Site: _____

Employee Name: _____ SS#: _____ Employee#: _____

The total amount of PAFs submitted will be listed as Supplemental Pay or Deductions on pay stub.

<input type="checkbox"/> Supplemental Pay					Reason For Adjustment	
Date(s)	Hours		Hourly Rate	=	Amount	***MUST COMPLETE THIS SECTION***
		X		=		<input type="checkbox"/> Substitute for: <input type="checkbox"/> Extra Duty
		X		=		<input type="checkbox"/> Substitute for: <input type="checkbox"/> Extra Duty
		X		=		<input type="checkbox"/> Substitute for: <input type="checkbox"/> Extra Duty
		X		=		<input type="checkbox"/> Substitute for: <input type="checkbox"/> Extra Duty
		X		=		<input type="checkbox"/> Substitute for: <input type="checkbox"/> Extra Duty
		X		=		<input type="checkbox"/> Substitute for: <input type="checkbox"/> Extra Duty
		X		=		<input type="checkbox"/> Substitute for: <input type="checkbox"/> Extra Duty
Total Supplemental Pay						
Comments: _____						

<input type="checkbox"/> Absence Deduction					Reason For Adjustment	
Date(s)	Hours		Hourly Rate	=	Amount	***MUST COMPLETE THIS SECTION***
		X		=		<input type="checkbox"/> Unscheduled Reason: <input type="checkbox"/> Scheduled
		X		=		<input type="checkbox"/> Unscheduled Reason: <input type="checkbox"/> Scheduled
		X		=		<input type="checkbox"/> Unscheduled Reason: <input type="checkbox"/> Scheduled
		X		=		<input type="checkbox"/> Unscheduled Reason: <input type="checkbox"/> Scheduled
		X		=		<input type="checkbox"/> Unscheduled Reason: <input type="checkbox"/> Scheduled
		X		=		<input type="checkbox"/> Unscheduled Reason: <input type="checkbox"/> Scheduled
Total Absence Deduction						
Comments: _____						

TOTAL SUPPLEMENTAL PAY	TOTAL ABSENCE DEDUCTION	PAY PERIOD ENDING ADJUSTMENT

Employee Signature	Supervisor Signature
Date	Date

OFFICE USE ONLY

Supplement Amount	Fund	Function	Class/Object	Sub-Object	Nominal	Organization	Grant Code	Approved Initials
					C			
					C			