

Long Beach Community College District
Payroll Adjustment Request Form

Employee ID# _____ PRINT Employee's Name _____

Employee Type (check one) Academic Regular Monthly Academic Hourly EQP SMR Contract
 Classified Regular Monthly Classified Hourly FWS Student Worker

Date(s) to Adjust: _____ Month _____ Year _____

Account Code _____

Reason for Adjustment (Print Legibly)

Timekeeper Requesting Adjustment _____ Phone _____

PRINT Manager's Name _____

Manager's Signature _____ Date _____

Payroll Use Only:

Adjustments completed as indicated below

Pay Cycle	Date	Action Taken	Adj. Hours	Adj. Amount

Payroll Calculation Notes:

Payroll Comments: _____

Payroll Technician _____

Date _____

Manager _____

Date _____