Dignity Health.
T.E.A.M.

PAYROLL ADJUSTMENT FORM

Facility # (PL#) _____ **Dept. #:** _____ **Date of Request:** _____ **Pay Period End Date:** _____

(Please use one correction form per pay period)

Employee Name: _____ **Employee ID# :** _____ **Union:** ☐ N/A ☐ CNA ☐ SEIU ☐ AFSCME ☐ OTHER

(Please check appropriate box)

Additional Comments:

IMPORTANT:

- Complete ALL fields to avoid delays processing within the next bi-weekly or supplemental payroll.
- IN, LUNCH OUT, LUNCH IN and OUT times are required for all hours worked.
- E-mail form to **PRAdjustments@dignityhealth.org** or fax to 1-602-512-6536

Date	Pay Code	Special Code	Quick Code	Correct Shift Time In & Out Required for all worked hours				Shift Please check appropriate box			Add (+) hours	Deduct (-) hours	**Charge Department #** Must process on the bi-weekly payroll	Projects (Activity)
				IN	LUNCH OUT	LUNCH IN	OUT	1	2	3				

Form submission deadline is end of business Thursday to reflect on next week's payroll.

Employee Signature: _____ Date: _____

(Required for deduction of pay only)

Manager Print Name: _____ Date: _____

Required

Manager Siganture: _____ Contact #: _____

Required

For Payroll Team Use Only

CYC A ___
SUP A ___
CYC B ___
SUP B ___

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