

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 Technician