Payroll Change Forms for Staff

To correct PREVIOUS HOURS for a Regular Employee (Staff), send a completed and signed **PAYROLL CHANGE FORM** to payroll@rit.edu.

- ALL pertinent fields must be completed (include rate, account number, hours/pay codes to add, hours/pay codes to deduct).
- Forms submitted by 11:00 am on Sign-Off Fridays are paid the following pay date. Late or incomplete forms may result in delayed payment.
- Employees <u>and</u>
 Supervisors must sign the form.
- Accepted signatures:
 - ✓ Digital with visible date stamp
 - ✓ Physical Signature including date

PAYROLL CHANGE FORM This form is used to correct earnings or pay codes for hourly employees for a <u>PRIOR</u> pay period. Email completed and signed form to Payroll@rit.edu. Adjustments will be processed with the next payroll										
Employee Name:				Employee Number/Badge Number/UID:						
Account Num Entity	Der: Department	Object		FEC	F	Proje	ect		Pro	gram
Zanty Department Object						. roject			00000	
**USE FOR HOURLY EMPLOYEE ADJUSTMENTS:										
Pay period missed: (use dates from b'w pay schedule)		Late time c	for Adjustment:				Hourly Pay Rate: (Verify in Kronos: People Screen – Job Assignment Tab)			
		Not on syste Missing Pur Gittack time of	ff Incorrect Pay Code Used				\$			
Date	In AM/PM	Out AM/PM	In AM/PM		Out AM/PM	Pay Code		Total Daily Hrs (Decimal Format)		
						_				
						-				
"Pay Codes: (Not used for Student;) S = Stok; V = Vacation; E = Encused w/Pay; H = Holiday										
TOTAL HOURS:										
**USE FOR ADJUSTMENTS TO GRAD ASS'T SALARIES, STIPENDS OR RATE INCREASES:										
Pay Period(s) (use dates from b)		Rate Increase - Late								
	Stipend missed					(paperwork must be submitted to SEO)				
	G.A. or S	G.A. or Stipend			Rate Increase					
Pay Code*	\$ Amount per pay period x No. of pay periods to be pd.		Rate Increase (change in rate only)			æ	Total Hrs. Affected Print time card w'range of dates back to date increase effective)			Total \$ to be adjusted
*Pay codes: GA = Grad Ass't Salary; S = Stipend; RI = Rate Increase										
Employee Date: Signature:										
Your signature certifies that this information is accurate and complete. NOTE: Employee approval of hrs. from an RIT DCE email account will be accepted in lieu of signature.										
Supervisor Print Name: Supervi Signatu			re:							ision:
Your signature cert	ifles that you have revie	wed the above chang	es and agree	they ar	e accurate and co	omplet	8.			

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