



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Payroll Adjustment Form

(use tab key to advance to next area)

Employee Name: _____ Title: _____ Title Code _____ *Exempt Y N

UIN#: _____ Department Name: _____ Account #: _____

The following Payroll Adjustment is requested for the above employee:

Reason	Dates		Number of Hours		
	From	To	Reg Rate	O/T Rate	Total
Overtime Pay **					0.00
Docked Pay					0.00
Supplemental Pay					0.00

Explanation or Justification for recommended Payroll Adjustment:

* According to System Regulations (31.01.09) Exempt employees are not covered by overtime provisions of FLSA and are not eligible for overtime pay. Refer to APM 60.11 for Non-Classified (Exempt) Title Codes - PVAMU website.

Signature Approvals:

_____ Employee	_____ Date	_____ Supervisor	_____ Date	_____ Department/Unit Head	_____ Date
_____ Dean/Director	_____ Date	_____ Vice President	_____ Date	_____ Chief Financial Officer Finance & Administration	_____ Date

FOR OFFICE USE ONLY

Enc'd by: _____ Date: _____ Entered by: _____ Date: _____

Revised: May 2, 2008

Original to Payroll WR Banks Room 114
Payroll Fax 936-261-1955