

UNRECORDED TIME / ADJUSTMENT FORM

NAME: _____ STUDENT ID #: _____
DEPT NAME: _____ DEPT #: _____
HOURS NOT REPORTED: _____ P/P ENDING: _____
WLS LEVEL: _____ RATE: _____ POSITION CODE: _____
EXPLANATION: _____

SUPERVISOR SIGNATURE: _____

**** INCOMPLETE CARDS MAY NOT BE PROCESSED BY STUDENT PAYROLL ****

For Student Payroll Office Use Only

PAID: _____ CHARGE: _____

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