

**UNRECORDED TIME / ADJUSTMENT FORM**

NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

DEPT NAME: \_\_\_\_\_ DEPT #: \_\_\_\_\_

HOURS NOT REPORTED: \_\_\_\_\_ P/P ENDING: \_\_\_\_\_

WLS LEVEL: \_\_\_\_\_ RATE: \_\_\_\_\_ POSITION CODE: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

LABOR OFFICE  
AUTHORIZATION: \_\_\_\_\_

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

For Student Payroll Office Use Only

PAID: \_\_\_\_\_ CHARGE: \_\_\_\_\_

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