PRIOR PAY PERIOD TIME ADJUSTMENT

Pay Period: _____ **Date:** _____

Personnel Area: _____ **Section Name:** _____

Personnel Number: _____ **Time Administrator:** _____

Employee Name: _____ **Time Administrator #:** _____

WEEK 1

	********** ORIGINAL ENTRY**********										********** CORRECT ENTRY**********							
Day	Start Date	End Date	Hrs	Type	Cost Cntr	Fund	Grant	Order	WBS Element	Func Area	Hrs	Type	Cost Cntr	Fund	Grant	Order	WBS Element	Func Area

WEEK 2

	********** ORIGINAL ENTRY**********										********** CORRECT ENTRY**********							
Day	Start Date	End Date	Hrs	Type	Cost Cntr	Fund	Grant	Order	WBS Element	Func Area	Hrs	Type	Cost Cntr	Fund	Grant	Order	WBS Element	Func Area

Comments/Reason for PPA: _____

I HEREBY CERTIFY THAT THE ABOVE ADJUSTMENT IS ACCURATE AND SUPPORTED BY APPROPRIATE DOCUMENTATION:

Approved By: _____ **Title:** _____ **Date:** _____

Entered by: _____ **Date:** _____ **Pay Period:** _____