



FACULTY SALARY ADJUSTMENT

NAME: \_\_\_\_\_ SSN: \_ \_ - \_ - \_ - \_ - \_
EMPLOYEE ID: \_\_\_\_\_ DEPT NO: \_ \_ - \_ - \_ - \_ - \_
DEPARTMENT NAME: \_\_\_\_\_

Salary DECREASE Amount (-) \$ \_ \_ \_ \_ . \_ \_

Effective Pay Date: \_ - \_ - \_ - (MM-DD-YY)

Earnings Code: REG

Reason for Adjustment: \_\_\_\_\_
\_\_\_\_\_

Salary INCREASE Amount: (+) \$ \_ \_ \_ \_ . \_ \_

Effective Pay Date: \_ - \_ - \_ - (MM-DD-YY)

Earnings Code: EXP

Charge to Account No: \_ \_ - \_ - \_ - \_ - \_ - \_ - \_ -

Reason for Adjustment: \_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_  
Budget Manager Signature

\_\_\_\_\_  
Date

Please Note: Submit form to Payroll Services. Please refer to the Payroll calendar for reporting deadlines. If you have any questions, call Payroll Services at (678) 466-4231.