



TEXAS CHRISTIAN UNIVERSITY
Fort Worth, Texas 76129

Human Resources

PAY ADJUSTMENT FORM

Date Submitted _____

To: Payroll Department
Human Resources
Texas Christian University

EMPLOYEE'S NAME _____

TCU ID# _____

Pay Period End Date: _____

Week 1 end date: _____ Adjust by the following hours: _____ HOURS OVERTIME* _____ HOURS ADDITIONAL STRAIGHT OVERTIME* _____ HOURS TO BE DOCKED	Week 2 end date: _____ Adjust by the following hours: _____ HOURS OVERTIME* _____ HOURS ADDITIONAL STRAIGHT OVERTIME* _____ HOURS TO BE DOCKED
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Department Stamp and Approval

- *Do not include sick leave or excused absence as time worked.
- *Overtime should be calculated on time worked over 40 hours per week.
- *Make a copy for your files.