

**CALIFORNIA STATE UNIVERSITY, CHICO
STUDENT PAYROLL ADJUSTMENT FORM (PT-11)**

INSTRUCTIONS:

Please complete all necessary fields –This form is used to request transfers, process adjustments, and request any prior period pay. All students must have a SEA form on file for positions affected.

Employee Name: _____ Chico State ID # _____
 Department Name: _____ Dept. Contact / ext # _____ / _____
 Pay Period affected (mm/yy): _____
 (one form for each pay period) _____ Time Approver Signature

Transfers

(Used to transfer between records)

<u>Change From</u>		<u>Change To</u>
SCO Unit _____		SCO Unit _____
Dept. ID _____		Dept. ID _____
Job Code _____		Job Code _____
CMS Position # _____		CMS Position # _____
Empl. Rcd. # _____		Empl. Rcd. # _____
Pay Rate _____ HRS _____		Total Amount _____
Reason for Transfer _____		

Payroll Use Only

674 Mailed
 / /
 Transfer Complete
 / /
 Copy to Fin. Aid
 / /
 CMS _____

Adjustments

(Used to correct pay rate and/or hours)

Original signature on timesheet required if adjusting hours

SCO Unit _____	CMS Position # _____
Dept. ID _____	Empl. Rcd. # _____
Job Code _____	
<u>Original Pay Request</u>	<u>Adjust To</u>
Hours _____	Hours _____
Pay Rate _____	Pay Rate _____
Reason for Adjustment _____	

Payroll Use Only

683 Keyed
 / /
 674 Mailed
 / /
 Clearance # _____
 Date
 / /
 CMS _____

Prior Pay Period Requests

(When no pay has been requested)

Original Timesheet must be submitted to payroll with this form

SCO Unit _____	Dept. ID _____
Job Code _____	CMS Position # _____
Empl. Rcd. # _____	
Hours _____	Rate _____
Reason for Late Request _____	

For Payroll Use Only

PIP
 / /
 Batch # _____
 Clearance # _____
 Date
 / /
 CMS _____