

PRIOR PERIOD EARNINGS DISCLOSURE FORM

Company Name:

Date of Disclosure:

EMPLOYEE INFORMATION

Employee Name:

Employee ID:

Department:

Job Title:

AFFECTED PAY PERIOD DETAILS

Original Pay Period Start:

Original Pay Period End:

Original Payment Date:

Adjustment Payment Date:

EARNINGS ADJUSTMENT SUMMARY

Earnings Category	Previously Reported Amount	Corrected Amount	Adjustment / Variance
Gross Wages / Salary			
Overtime / Double Time			
Bonuses / Commissions			
Allowances (e.g., Travel, Meal)			
Other:			
Total Gross Earnings			
Tax / Statutory Deductions			
Net Earnings Impact			

REASON FOR ADJUSTMENT / DISCLOSURE NOTES

I hereby acknowledge the disclosure of the adjustments to my prior period earnings as detailed above. I understand that the necessary payroll, tax, and reporting corrections will be processed in accordance with the applicable regulations and internal policies.

Employee Signature

Date

Authorized Employer Representative Signature

Date