

MONTHLY UNIFORM ALLOWANCE

Payroll Adjustment Form

COMPANY/DIVISION

PAY PERIOD

DATE SUBMITTED

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

JOB TITLE/POSITION

ADJUSTMENT TYPE & AUTHORIZATION

- New Hire Initial Allowance Annual Routine Replacement Damaged/Special Replacement
 Termination Recovery/Deduction Other Adjustment

ADJUSTMENT DETAILS

Item / Reason Description	Quantity	Unit Cost	Total Adjustment (Credit / Debit)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Approved Adjustment Amount:			_____

AUTHORIZATIONS & SIGNATURES

Employee Signature

DATE

Authorized Manager/Supervisor Signature

DATE

PAYROLL DEPARTMENT USE ONLY

DATE RECEIVED

PROCESSED PAY CYCLE

PROCESSED BY (INITIALS)

This document must be submitted to the Payroll Department by the monthly processing cutoff date to be reflected in the current pay cycle.