

**ADJUSTMENT PAYROLL FORM
BOR SHARED PAYROLL CENTER**

Please fill out the information below and return to the Shared Payroll Center (SPC) either by fax 605-688-5983, or through e-mail, PayrollSSC@sdstate.edu.

*****REMINDER*****A separate form needs to be completed for a previous calendar year.

DATE: _____

CAMPUS NAME: _____

POSTING DATE: _____
(this date is the Thursday of the adjustment payroll week)

A-ID: _____

NAME: _____

TYPE OF ADJUSTMENT:

Manual _____
Void _____
Adjust _____
Reissue _____
PHAREDS _____

Description of Correction:

MONTHS TO BE ADJUSTED:

Jan (1)	_____	July (7)	_____
Feb (2)	_____	Aug (8)	_____
March (3)	_____	Sept (9)	_____
April (4)	_____	Oct (10)	_____
May (5)	_____	Nov (11)	_____
June (6)	_____	Dec (12)	_____

Contact Name: _____

Phone Number: _____