



**CHECK ADJUSTMENT FORM**

Employee: \_\_\_\_\_ Location: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_ Ck Date: \_\_\_\_\_

Reason for Change

Hours Not Submitted       Incorrect Hours       Other (specify reason)

\_\_\_\_\_  
\_\_\_\_\_

	<b>Paid on Check</b>	<b>Correct Amount</b>	<b>Difference to be Paid</b>
Regular Hours			
Overtime Hours			
Service Charge			
Charge Tips			
Commission			
Rate of Pay			
Position			
Department			

Supervisor' Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Corporate Authorized Signature: \_\_\_\_\_ DATE \_\_\_\_\_

**To be completed by eESI**

Gross Pay: \_\_\_\_\_ Net Pay: \_\_\_\_\_

Taxes: \_\_\_\_\_

Insurance: \_\_\_\_\_

Misc. Deductions: \_\_\_\_\_ Initials: \_\_\_\_\_