# Retroactive Adjustment (RA) Form

SHADED AREAS FOR HR USE ONLY

Circle the payroll to process this transaction with...

| SM | BW |

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<thead>
<tr>
<th>Employee ID</th>
<th>Employee Name</th>
<th>Department Number</th>
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<tr>
<th>Account Number</th>
<th>Position #</th>
<th>Job Class #</th>
<th>Earn Type</th>
<th>Gross Amount</th>
<th>-</th>
<th>Time</th>
<th>ADJUSTMENT Date to Process</th>
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<th>Prepared By</th>
<th>Date</th>
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Mail original form to Human Resources Customer Service Center Mail Code 5612.
Instructions to Complete a Retroactive Adjustment Form

Complete the following:

1. **SCHEDULE**  
   Leave Blank

2. **EMPLOYEE ID**  
   Enter the employee's ID.

3. **EMPLOYEE NAME**  
   Enter the employee's name, up to 30 characters.

4. **DEPARTMENT NUMBER**  
   Enter the department number – REQUIRED.

5. **ACCOUNT**  
   Enter the account number affected by the RA transaction.

6. **POSITION**  
   Enter the position number of the employee to be adjusted.

7. **JOB CLASS**  
   Enter the employee's job class code for the pay period to which the retroactive adjustment applies.

8. **EARN TYPE**  
   Enter the earnings type of the hours that are to be adjusted. See Earnings Table for codes.

9. **GROSS AMOUNT**  
   Enter the gross amount of the adjustment.

10. **-**  
    All Retroactive Adjustments should be entered as negative amounts.

11. **TIME**  
    Enter associated hours for the GROSS AMOUNT, if applicable.

12. **ADJUSTMENT PAY PERIOD**  
    Enter the date (MM/DD/YY) that the deduction should be processed.

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