



- ALL Adjustment Timesheets are now submitted via DocuSign.
- NO paper timesheets will be accepted any longer.
- Simply go to forms on the Payroll website and click on "Adjustment Time Sheet" (https://na3.docusign.net/Member/PowerFormSigning.a spx?PowerFormId=5d46f038-03c1-4a32-a162b3703b88faf4&env=na3-eu1&acct=e26aafed-2033-453bb5cb-05c03d38595d) and fill out as explained below in the presentation.



- Used for Biweekly paid employees only
- Adjusts time submitted on the Web Time Sheet after the deadline or payroll has passed
- Submit time for a past payroll
- Total of top section must equal total of bottom section
- Top section tells type of earnings being adjusted and bottom tells hours by day

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- Payroll ID is BW
- Payroll Number and the dates of the payroll periods may be found on the Payroll Schedules web site for the current Fiscal Year (2019-20) (http://www.memphis.edu/payroll/schedules.php)
- E.C. to the far left hand side of form is used to enter an earnings code that is not already listed or one that is listed at the box on the lower right hand side
- Most common earnings codes:
 - 009 Regular pay for benefit eligible employees
 - 014 Graduate Assistant Doctoral
 - 015 Graduate Assistant Master's
 - 019 Hourly Temporary Employees
 - 025 Work-Study Students
 - 026 Regular Student Worker
 - 032 Overtime 1.0 (Straight OT)
 - 035 Overtime 1.5 (Premium OT)
 - 150 Holiday
 - 152 Inclement Weather
 - 170 Annual Leave
 - 180 Sick Leave
 - 420 Leave without Pay

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Adjustment Time Sheet

Total Adjustment Hours

Payroll ID:		Hours Present			Hours on Leave With Pay		
Payroll No.:	Regular	Straight OT	Prem OT	Sick	Annual	Other	
Dept:		032	035	180	170	EC	
Organization Code:		032	035	100	170	EC	
Name:						EC:	
UID:						EC.	
Position No.: Suffix:							
	_						

Detailed Adjustment Hours

For the Pay Period Beginning:

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours
k 1 of	(+)	(+)	(+)	(+)	(+)	(+)	(+)	0.0
Period	(-)	(-)	(-)	(-)	(-)	(-)	(-)	0.0
ek 2 of	(+)	(+)	(+)	(+)	(+)	(+)	(+)	0.0
Period	(-)	(-)	(-)	(-)	(-)	(-)	(-)	0.0

Update Total Clear Details

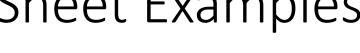
Earning Codes:

- 150 Holiday 152 Inclement Weather 165 Bereavement 230 Military Leave
- 310 Jury Duty 315 Voting Leave 420 Unpaid Leave - LWC
- I certify that supporting time card(s) and/or time clock document(s) signed by the employee and approved by the supervisor are on file in this department for the employee listed above.

I hereby certify that the time in attendance, hours worked, and leave time reported above is true and accurate and in compliance with provisions of the fair labor standards act and University policy and procedures. All services were performed for the benefit of this budgetary unit. All work assignments for CWSP students have been performed in a satisfactory manner.

Department Head Signature:	Date:

 Regular employee, John Doe, reported time as Regular but actually was out on sick leave





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Adjustment Time Sheet

Update Total Clear Details

Total Adjustment Hours

Payroll ID: BW	Hours Present			Hours on Leave With Pay			
Payroll No.: 22	Regular	Straight OT	Prem OT	Sick	Annual	Other	
Dept: Testing		032	035	180	170	EC	
Organization Code: 123456		032	000	100	.,,,	EC	
Name: John Doe						EC:	
UID: U12345678	-7.50			7.50			
Position No.: 002900 Suffix: 00							
Earnings Code:							
Clear Information					Total:	0	
						Clear Hour	

Detailed Adjustment Hours

Through: 10/28/17 For the Pay Period Beginning: 10/14/2017

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours
Week 1 of	(+)	(+)	(+)	(+)	(+)	(+)	(+)	0.0
Pay Period	(-)	(-)	(-)	(-)	(-)	(-)	(-)	0.0
Week 2 of	(+)	(+)	(+)	(+)	(+)	(+)	(+) 7.5	7.5
Pay Period	(-)	(-)	(-)	(-)	(-)	(-)	(-) 7.5	-7.5
							Total:	0.0

Earning Codes:

- 152 Inclement Weather 165 Bereavement
- 230 Military Leave 310 Jury Duty
- 315 Voting Leave 420 Unpaid Leave LWOP

I certify that supporting time card(s) and/or time clock document(s) signed by the employee and approved by the supervisor are on file in this department for the

I hereby certify that the time in attendance, hours worked, and leave time reported above is true and accurate and in compliance with provisions of the fair labor standards act and University policy and procedures. All services were performed for the benefit of this budgetary unit. All work assignments for CWSP students have been performed in a satisfactory manner

Department Head Signature:



 Student worker, Jane Smith failed to turn in time for the BW21 pay period, but did work.

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Adjustment Time Sheet

Total Adjustment Hours

Payroll ID: BW	Hours Present			Hours on Leave With Pay		
Payroll No.: 21	Regular	Straight OT	Prem OT	Sick	Annual	Other
Dept: Admissions		032	035	180	170	EC
Organization Code: 654321		002			170	EC
Name: Jane Smith						EC:
UID: U67891234	1					EG.
Position No.: 019289 Suffix: 00	40					
Earnings Code: 026	1					
Clear Information	ĺ				Total:	40
						Clear Hou

Detailed Adjustment Hours

For the Pay Period Beginning: 09/30/2017 Through: 10/13/17

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours
Week 1 of	(+)	(+)	(+) 4.0	(+) 4.0	(+) 4.0	(+) 4.0	(+) 4.0	20.0
Pay Period	(-)	(-)	(-)	(-)	(-)	(-)	(-)	0.0
Week 2 of	(+)	(+)	(+) 4.0	(+) 4.0	(+) 4.0	(+) 4.0	(+) 4.0	20.0
Pay Period	(-)	(-)	(-)	(-)	(-)	(-)	(-)	0.0
							Total	40.0

Update Total Clear Details

Earning Codes:

- 150 Holiday 152 Inclement Weather 165 Bereavement
- 165 Bereavement 230 Military Leave
- 310 Jury Duty 315 Voting Leave 420 Unpaid Leave - LWOF
- I certify that supporting time card(s) and/or time clock document(s) signed by the employee and approved by the supervisor are on file in this department for the employee listed above.

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Department Head Signature: Date:



 Hourly temporary employee, Alex Fall, stayed over to help with project after BW22 time was submitted and approved. Overtime was not reported.

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Adjustment Time Sheet

Total Adjustment Hours

Payroll ID: BW	Hours Present			Hours on Leave With Pay		
Payroll No.: 22	Regular	Straight OT	Prem OT	Sick	Other	
Dept: Landscape		032	035	180	170	EC
Organization Code: 987654		002	000	100		EC
Name: Alex Fall						EC:
UID: U897256401		0.50				
Position No.: 004897 Suffix: 00		2.50	3.0			
Earnings Code: 019						
Clear Information					Total:	5.5
						Clear Hour

Detailed Adjustment Hours

For the Pay Period Beginning: 10/14/2017 Through: 10/28/17

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours
Week 1 of	(+)	(+)	(+)	(+)	(+)	(+)	(+)	0.0
Pay Period	(-)	(-)	(-)	(-)	(-)	(-)	(-)	0.0
Week 2 of	(+)	(+)	(+)	(+)	(+)	(+)	(+) 5.5	5.5
Pay Period	(-)	(-)	(-)	(-)	(-)	(-)	(-)	0.0
							Total:	5.5

Earning Codes:

- 150 Holiday
- 152 Inclement Weather
- 165 Bereavement
- 230 Military Leave 310 Jury Duty
- 315 Voting Leave 420 Unpaid Leave - LWOP
- I certify that supporting time card(s) and/or time clock document(s) signed by the employee and approved by the supervisor are on file in this department for the employee listed above.

I hereby certify that the time in attendance, hours worked, and leave time reported above is true and accurate and in compliance with provisions of the fair labor standards act and University policy and procedures. All services were performed for the benefit of this budgetary unit. All work assignments for CV/SP students have been performed in a satisfactory manner.

Department Head Signature: _	Date:	
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• Student worker, Emily Johnson, reported and turned in time that she was going to be at work on the 2nd Friday of the time period, but she did not show up for work.

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Adjustment Time Sheet

Total Adjustment Hours

Payroll ID: BW	Hours Present			Hours on Leave With Pay		
Payroll No.: 23	Regular	Straight OT	Prem OT	Sick	Annual	Other
Dept: Help Desk		032	035	180	170	EC
Organization Code: 849721	1				170	EC
Name: Emily Johnson						EC:
UID: U54829716	-3.5					20.
Position No.: 002009 Suffix: 00						
Earnings Code: 026						
Clear Information					Total:	-3.5
						Clear Hour

Detailed Adjustment Hours

For the Pay Period Beginning: 10/29/2017 Through: 11/10/17

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total Hours
Week 1 of Pay Period	(+)	(+)	(+)	(+)	(+)	(+)	(+)	0.0
	(-)	(-)	(-)	(-)	(-)	(-)	(-)	0.0
Week 2 of Pay Period	(+)	(+)	(+)	(+)	(+)	(+)	(+)	0.0
	(-)	(-)	(-)	(-)	(-)	(-)	(-) 3.5	-3.5
							Total:	-3.5

Earning Codes:

150 Holiday 152 Inclement Weather

165 Bereavement

310 Jury Duty 315 Voting Leave I certify that supporting time card(s) and/or time clock document(s) signed by the employee and approved by the supervisor are on file in this department for the employee listed above.

I hereby certify that the time in attendance, hours worked, and leave time reported above is true and accurate and in compliance with provisions of the fair labor standards and University policy and procedures. All services were performed for the benefit of this budgetary unit. All work assignments for CWSP students have been reformed in a satisfactory manner.

Department Head Signature: ______ Date: _____