California State University, Long Beach
STUDENT EMPLOYEE ADJUSTMENT FORM

LAST NAME	FIRST NAME	INITIAL	EMPLOYEE ID

PAY PERIOD (mm/yyyy)	POSITION #	RECORD #	DEPT ID	UNIT

JOB CODE / TITLE	HOURLY RATE	TIME REPORTER

Complete the section below for adjustments to approved student time.

TIME REPORTING CODE LEGEND **ODL:** *Organ Donor Leave* **REG:** *Regular Hours Worked*

Enter the pay period end date, total # of hours approved on the timekeeping system and correct # of hours	***Pay Period End Date***	***TRC***	***Total # of Hrs Approved on the Timekeeping System***	***Correct # of Hrs***
		Regular		

Complete the section below for s*eparations* occuring prior to the closing of the timekeeping system.
Note: Hours for separations submitted on this form must not be entered on the timekeeping system.
Please attach a Student Employment Payroll Transaction Form to separate the employee.

Enter the last day worked, total # of hours approved on the timekeeping system and correct # of hours	***Last Day Worked***	***Total # Of Hours Approved at Separation***

Complete the section below for the use of an override rate that resulted in an overpayment/underpayment.
Note: This section cannot be used for retroactive increases.

Enter the pay period end date, approved override rate and correct override rate	***Pay Period End Date***	***Override Rate Approved on the Timekeeping System***	***Correct Override Rate***

NOTE: To change the pool ID, please submit an HR Account Code Override Form to the Budget Office (BH-358) by the 25th of the month.

CERTIFICATION BY EMPLOYEE: To the best of my knowledge and belief, the changes indicated above are accurate.

EMPLOYEE SIGNATURE DATE

The changes indicated above are in compliance with CSU policy, State of California law and Fair Labor & Standards Act requirements.

DIV AUTHORIZATION (for funding approval of above changes) DATE SIGNATURE OF SUPERVISOR DATE

PAYROLL USE ONLY	SS#:

SEAF