



REQUEST FOR PAYROLL HISTORY ADJUSTMENT FORM

District: _____ EE Ext Ref: _____ Name: _____

This deduction was taken on payroll _____ using Vol-Ded: _____

The employee was paid back for the overpayment on warrant # _____ dated _____

In the amount of \$ _____ .

The collection was made from the employee on _____ , in the amount of \$ _____

Reference receipt #: _____

Remarks: _____

Authorized Signature _____ Date _____

Date Paid: _____ Period End: _____ Effective Yr: _____ Qtr: _____

Warrant # _____

Pay Code:	Certificated	Ret-Sys:	STRS	Classic
	Classified		PERS	PEPRA
			Retired	
			Non-Member	

The following adjustments (+ or -) need to be made to the above referenced employee's Voluntary Deductions

Vol-Ded #	Description	Amount (+/-)
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For County Use only:

Routing: Copy to YCOE – to be returned to district for placement in payroll file as confirmation of adjustment. _____

Copy to YCOE for payroll history adjustment file* _____ Initial _____ Date _____

*IF STRS/PERS is affected, give to EBS technician assigned to district.

TX SS TF 941X DE9C W2C AP#