



**Southern University at New Orleans**  
**PRIOR PERIOD PAYROLL ADJUSTMENT FORM**

EMPLOYEE U#	NAME	PAY PERIOD ENDING DATE	DATE TO BE ADJUSTED	ORIGINAL HOURS ENTERED	CORRECTED DATA	REASON FOR ADJUSTMENT

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DEPARTMENT HEAD'S SIGNATURE

\_\_\_\_\_  
AUTHORIZED AGENT SIGNATURE