Bi-weekly Compensation Form – Addendum

Use this form to revise a previously scheduled Bi-weekly Compensation Form.

Section A: Current Employee Information

Student's Empl #: **0** | | | | | | | | | | Empl Record#: | |

("P" is replaced by a zero for the payroll system.)

Student's Name: _____
First M.I. Last

Current Job Title: _____ (from Job Index Listing)

Hire Code: **S** | | | | | |

Department Name: _____

Dept. ID: | | | | | | |

Dept. Cost Center (DCC)	Program *(if applicable)*	Project ID

Section B: Change

Check type of change: ☐ Increase ☐ Decrease ☐ Termination ☐ Budget/Dept. Change

Total Original Amount: $ _____ Total Revised Amount: $ _____

Dept. Cost Center (DCC)	Program *(if applicable)*	Project ID

Total Original Amount: $ _____ Total Revised Amount $ _____

Effective Date of Change (MM/DD/YY): ____/____/____ (beginning pay period)

_____ _____
Supervisor's Name (Print) Telephone Number

_____ _____
Supervisor's Signature Date Signed

Submit this form to: Student Employment Services
322 Conklin North
Tel: 419-372-2865
Fax: 419-372-0357

Last Updated: 20-June-2007