Mississippi State University **Request For Adjustment Check**

Payment requires approval from employee's Vice-President. Submit this form to the Office of the Controller/Treasurer, Payroll Office (329 McArthur Hall), Mail Stop 9602.

Employee Information:

MSU Identification #: _____

Name: _____ (First, Middle, Last)

Department Information:

epartment Name: _____

Org. Number: _____

Prepared by: _____

Phone: _____

Amount of Payment $ _____

Rate of Pay $ _____

Justification for Adjustment Check:

You must attach the original Employment Action Form, Request for Other University Employment, or Summer Appointment, if not already submitted. If the original has been submitted, you must attach a copy of the appropriate paperwork.

Position Number	Earn Code	Account Name	Fund	Org	Account	Program	Activity	Amount of Payment	%

Signature/Date: _____ **Department Head**

Signature/Date: _____ **Dean/Director**

Signature/Date: _____ **Vice-President**