Yale

Form 3501 FR.07

Payroll Payment Adjustment Form

Revised 8/29/2023

Instructions:
- Complete all fields to process payment. Failure to do so will result in delays.
- Email completed form to employee.services@yale.edu.
- Direct questions to Employee Services at 203-432-5552.

Employee Information					
First Name:		**Last Name:**		**M.I.:**	**UPI or Assignment #:**
Department:			**Payroll Cycle:**	Weekly Semi-Monthly Monthly	

Payment Information

Add to next period **– OR –**   Request Off-Cycle Payment (***Note:*** Available ***ONLY*** if underpayment is 10% or more of regular gross pay.) See **Payment Delivery** section, below.

Gross Underpayment Amount:	**$**	**Number of hours for which pay is due:**		**Hourly rate:**
Paycheck Date *(DD-MON-YYYY)*:		**Pay Period End Date** *(DD-MON-YYYY)*:		

Paycode:	Time Entry Overtime Reg. Salary (Monthly)	Reg. Academic Salary (Monthly) Extra Comp. Sick	Vacation Grad. Stipend Summer (*NEED Provost's approval below*)	Other (*see full list of Paycodes*):
Reason for Missed Payment:	L35 Missed Punch Switched Payrolls Term Payout	Benefit/Leaves Manager not entered/ not approved	Employee not entered/ submitted Comp plan not updated by: _____ Other: _____	

Charging Instructions *(required for weekly and semi-monthly employees)*

Cost Center	Program	Project	Gift/Grant/Yale Designated	Fund	Assignee

Payment Delivery Notification

Payment will be processed in the same manner as the employee's regular pay method.

Authorization

Preparer Name *(print, must **not** be employee requesting payment)*:		**Date:**	**Phone #:**
Dept. Authorizer Name *(print, must **not** be same as preparer)*:		**Phone #:**	
Dept. Authorizer Signature:		**Date:**	
Provost's Approval *(required if "Summer" is the selected Paycode, above)*			
Signature:		**Date:**	

- Email completed form to employee.services@yale.edu -

For more information, refer to Procedure 3501 PR.04 *Overpayments and Underpayments* and the Payroll Toolbox.