



Penn Pay Adjustment Form

All fields must be complete to process payment

Submit all forms to: hcmsolutioncenter@upenn.edu
For questions, contact Solution Center at 215.898.7372

Employee Name:

Workday ID #:

Position #:

Supervisory Org:

Title:

Employment Status:

Payroll:

Monthly/Academic

Pay Period End Date:

Gross Amount Due to Employee:

Please provide explanation for payment request:

Preparer:

Contact:

Date:

Add Gross to Next Payroll

OR

Request Off-Cycle Payment - Available only if employee receives less than 75% of their regular pay. Please refer to [Financial Policy 2417](#).

Required for Payment:

Monthly:

Earnings Code:

Amount:

Earnings Code:

Amount:

Earnings Code:

Amount:

Authorization

Dept. Authorizer Name (print):

Phone:

Authorizer Signature:

Date:

Payroll Use Only

Signature:

Date: