

U. S. Department of Energy
Manual Pay Adjustment Form

Employee Name _____

Social Security Number _____ Team (Block/Timekeeper code) _____

UIC (Organization) _____ Begin Pay Period Date _____

Date Worked	Time Worked	Total Hours Worked	Notes

Select reason for manual adjustment:

_____ **Emergency Overtime**

_____ **Emergency Compensatory Time**

Employee signature (date)

Approving Official (date)

Provide this information to PayrollCSRHelpDesk@hq.doe.gov no later than 4:00 p.m. Eastern Standard Time on the Wednesday following the end of the pay period.