



City of Corpus Christi

FIN2

Finance and Procurement Department
PAYROLL ADJUSTMENTS AUTHORIZATION

Employee Name: _____ Employee I.D. #: _____

Department: _____

FOR ACCOUNTING USE ONLY

General Increases: Retroactive Pay
General Decreases: Overpayment-Salary
Prepared by: _____ Extension: _____ Date: _____

DEFERRED COMPENSATION ONLY

457 (Pre-Tax) \$ _____
457 (Post-Tax) \$ _____
ROTH IRA

PAYROLL DEDUCTION

Credit Union, United Way, Uniform Purchase/Rental, Other
Tax Levy, Child Support, COPE Fund, Other
Police Burial Benefit, Police/Fire Dues, Other
One Time Only \$ _____
Continuous - Per Pay Day \$ _____
End when total commitment has been deducted \$ _____
Type of Change: Deduction, Increase - Salary, Decrease - Salary
Activate Code: Add Record, Correct / Change Record, Cancellation

I here by authorize the Payroll Department to (Deduct, Adjust or Cancel) the above amount from my pay as specified above.

In consideration of the City providing this service, I agree not to hold the City liable for any loss resulting from failure to deduct and/or remit the payments specified.

I understand that except when restricted by law, that I may cancel this authorization at anytime by executing the cancellation section of this form.

I understand that if my pay falls below the amount needed to make a deduction, the deduction will not be made by the City on my behalf.

Employee Signature _____ Date: _____