CITY OF
CORPUS CHRISTI

PAYROLL ADJUSTMENT AUTHORIZATION

Employee Name: _____ Employee ID: _____

Department: _____ Date: _____

FOR PAYROLL USE ONLY

General Increase

☐ *Retroactive Pay*

General Decreases

☐ *Overpayment*

Payroll Tech _____ Extension: _____

DEFERRED COMPENSATION ONLY

$_____ 457 (Pre-Tax)

$_____ 457 (Post-Tax)

$ _____ Roth IRA

PAYROLL DEDUCTION

Credit Union United Way Uniform Purchase/Rental

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 hereby authroize the Payroll department to (Deduct, Adjust, or Cancel) the above amount from my pay as specified above.

_____ In consideration of the City providing this services, 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 canel 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_____