



Payroll Funding Adjustment Form

Part-time Employee without Benefits

PAF Number:

<input type="checkbox"/> FOAPAL Addition
<input type="checkbox"/> Encumbrance Increase
<input type="checkbox"/> Encumbrance Decrease

Date:

Employee Name:

Extension:

Employee ID:

Record No.:

Position Title:

Hourly Rate: \$

Fund	Org	Account	Program Code	Activity	Encumbrance	Encumbrance Effective Date	Hours Per Week
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Explanation (include previous FOAPAL if applicable):

APPROVAL SIGNATURES

DATE

Supervisor/Manager:

Vice President/Dean:

Grant Manager (if applicable):

ADMINISTRATIVE USE ONLY

Employee ID:

Record No:

Bargaining Unit

- MCCC
- Classified
- Non-Unit

Position No.:

Biweekly Salary: \$

Personal Data Form: W4 M4 I-9 OBRA CORI Application

Fiscal Review