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Payroll Adjustments
Single employee with one or more payrolls needing adjustment

Instructions to Payroll Clerk: Complete and submit this form via ESS whenever a member's payroll has been missed or submitted in error. Provide all of the original information as reported and only the replacement information as it should have been reported (i.e. only note information that is different than the original).

Adjustment Information

Member SSN: Name: Employer Location Code: Employer Location Name:

Payroll Identifier	Type	Comp	EES	Hours	Days	Pay-rate Code	Rate of Pay	POS	PSC	Plan Class/ Code	RSN/ Rate Category	Pay-back/ SCP	FTE Days	FTE Hrs	Wks/ Yrs	FTE Contract
06/2020	Original	4586.00	350.83			C		Y0101	11	11000	1					50032.00
	New															55032.00
06/2020	Original	300.00	22.95			C		Y0101	11	11000	1					50032.00
	New				3	D	100.00	Y0209	17				5		36	
07/2020	Original	5586.00	427.33			C		Y0101	11	11000	1					50032.00
	New	4586.00	350.83													55032.00
	Original															
	New															
	Original															
	New															
	Original															
	New															

Use this space to add any comments:

Certifying Signature

The above information is true and correct to the best of my knowledge.

Certifying Official Signature Print/ Typed Name Date Phone E-mail