

Payroll Adjustments Consent Form

I, the undersigned employee, hereby consent to the following payroll adjustments as described below:

Employee Name:

Employee ID:

Department:

Adjustment Type (e.g., deduction/addition):

Adjustment Amount:

Reason for Adjustment:

Effective Date:

By signing below, I agree to the above payroll adjustment(s) and authorize the payroll department to process them accordingly.

Employee Signature:

Date:

Submit Consent