



UMASS University of Massachusetts

Long Term Adjustments

Contact Person: _____
Phone Number: _____
E-mail: _____

Employee Name: _____
(Last) (First) (MI)

Employee ID: _____ Empl Rec #: _____

Begin Date: [/ /] End Date: [/ /]

All Earnings Base Salary Only Overtime

HR Account Code	Allocation Percent (%)*
	%
	%
	%
	%
	%

*Sum must equal 100%

Signature of Department Head: _____ Date: _____

Signature of Principal Investigator: _____ Date: _____

HRMS – Office Use Only		
Run Control: _____	Process DT: _____	Pay Period End: _____