State of Kansas
Department of Administration
Division of Accounts and Reports
DA-180 (Rev. 05-06)

STATE OF KANSAS

SHARP PAYCHECK REVERSAL/ADJUSTMENT/SUPPLEMENTAL

(Please print or type all information

DEPT. ID	EMPLOYEE ID	Emp Rcd #	EMPLOYEE NAME (Last, First, MI)

List the following information for each pay period to be adjusted:

	PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT
ORIGINAL				
ADJUSTED				
ORIGINAL				
ADJUSTED				
ORIGINAL				
ADJUSTED				
ORIGINAL				
ADJUSTED				
ORIGINAL				
ADJUSTED				
ORIGINAL				
ADJUSTED				

◯ REVERSAL   ◯ ADJUSTMENT   ◯ SUPPLEMENTAL

DESCRIPTION: (Describe the situation that caused the Earnings or Deduction adjustment. In the case of deduction adjustments, include information such as deduction coverage, carrier effective date of deduction, and any other relevant information that would help explain the situation.

_____

_____

_____   _____
(Agency Authorization Signature)   (Request Date)

_____   _____   _____
(Contact Person)   (Phone Number)   (Extension)

DA-180-A (Rev. 06-03)

Attachment to DA-180

Employee ID _____   **Original Check #** _____

PPED _____   **Adjusted Check #** _____

		(From Adjusted Ck) WAS		(Use Online Check) SHOULD BE		DIFFERENCE	
EARNINGS CODE	**HRS**	**$ AMOUNT**	**HRS**	**$ AMOUNT**	**HRS**	**$ AMOUNT**	
E							
A							
R							
N							
I							
N							
G							
S							
Total Pay							

	Employee	Employer	Employee	Employer	Employee	Employer
T EIC						
A OASDI						
MEDICARE						
X FED TAX						
E ST TAX						
S UCI						
LOCAL TAX						
GTL N						
GTL T						
STLEAV N						
WCI N						
D						
E						
D						
U Medical Ins. Codes:						
C						
T Dental Ins. Codes:						
I						
O Vision Ins. Code:						
N						
S Drug Ins. Codes:						
Retirement Codes:						
NET						