



COLORADO

Office of the State Controller

Department of Personnel & Administration

Payroll Adjustment Worksheet (PAW)

Note: for assistance completing this form, please contact the Central Payroll Unit (CPU) at state_centralpayroll@state.co.us

Organization Code: _____

Organization Name: _____

Employee Name: _____

Employee Identification Number: _____

ITI (Internal Transfer): _____

CR (Cash Receipt) Number: _____

Pay Cycle: Monthly or Biweekly

Reason: _____

Agency Preparer: _____ Date Prepared: _____

DPA Statewide Use Only:

Schedule #: _____

Batch #: _____

EBU Approver: _____

Statewide Benefits Accounting: _____

CPU Approver: _____

Date Keyed: _____

One-time Deductions: Fill across then start additional lines as needed

	GTN	Amount	+/-	GTN	Amount	+/-	GTN	Amount	+/-	Total Amount
DS										
DS										
DS										
DS										

Refunds: Fill across then start additional lines as needed

	GTN	Amount	GTN	Amount	GTN	Amount	Total Amount
RF							
RF							
RF							
RF							

Prepayments: Fill across then start additional lines as needed (Requires ITI and CR)

	GTN	Amount	GTN	Amount	GTN	Amount	Total Amount
PS							
PS							
PS							
PS							