



Contra Costa County Office of Education

77 Santa Barbara Rd., Pleasant Hill, CA 94523 • (925) 942-3388 • www.cocoschools.org

District Name: _____

Munis Correction – Workers Compensation Adjustment

This form is used to adjust or correct current/prior year Workers Comp deductions

Employee #: _____

Certificated Classified

Last Name: _____ First Name: _____

Original Check Date: ____/____/____ Check Number: _____

Prior Calendar Year: _____ Current Calendar Year

Adjustments to be made on the (Check Date): ____/____/____

If error is on more than one check, use one sheet for each check number.

** For refund, use negative \$ amounts **

Adjustment Deduction Code: _____

Deduction Gross Amount: \$ _____

Employer Amount: \$ _____

Refund Pick Up

Reason For Adjustment:

Please attach a copy of original check.

Prepared By: _____

Date: ____/____/____

DPS Use Only

Processed by: _____

Date: ____/____/____